

Revocation of Payroll Deduction

WIU Foundation

To: WIU Foundation	on Office, Sherman Hall 303	I am paid: ☐ Monthly	☐ Semi-monthly	□Bi-Weekly
Please discontinue	e the following payroll deduction	on.		
Deduction For:ORGANIZATION		Amount Deducted Per Pay Period: \$		
Name:				
	LAST	FIRST	MIDDLE	
Street:		City:		
EFFECTIVE WITH THE		PAYCI	HECK.	
		Date:		
	Genera	l Information		
	o revoke/stop deductions current inpleted and returned to the Foun	•		
to make the change	ective date above will be enacted effective by the elected date. If e, the change will go into effect	there is not ample time to	o process the change	
Please return to:	WIU Foundation, Sherman F. Western Illinois University	Iall 303		

For more information or assistance in completing this form, please contact Gift Processing at 309-298-1861.

Macomb, IL 61455