



PO Box A, Marlboro, Vermont 05344-0300
802-251-7624 Fax: 802-251-7687 Email: dev_office@marlboro.edu

Authorization Agreement Payroll Deduction

Name _____

Street _____

City, State, Zip _____

Marlboro Email _____

Please check one: Faculty Staff

I hereby authorize Marlboro College to initiate payroll deduction(s) on a BIWEEKLY basis as a charitable contribution to the college.

OPTION 1: Deduct \$_____ per pay starting in _____ (month/year) and ending in _____ (month/year) for a total pledge of \$_____.

OPTION 2 (CONTINUOUS): Deduct \$_____ each pay period until I notify the development office in writing to stop or change the deduction(s).

Designation (*check one*):

Unrestricted (where needed most)

Designated: Strengthening the Student Experience

Supporting a Sustainable Campus

Other (*specify*) _____

Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE DEVELOPMENT OFFICE