SUNY Charitable Giving Campaign Payroll Deduction Form

Name					Social S	Number/Employee ID	_	
28580-33	West	42nd	Street,	New	York	NY	10036	
NYS Agency and Code					Work N			-

		DEDUCTION F	ORM		
Deduction Code See SUNY Campus Deduction Codes below	SUNY Campus				Biweekly Total \$
839	College	Of Optometry	- OCNY		
			· · · · · · · · · · · · · · · · · · ·		
				Total* \$	
To Office of the State Compt contributing to the designated at any time by written notice	d SUNY campus or campuses a	to deduct from each of my biweel and to transmit such withholding	dy salary checks the deduction amount to the organization	on amount sho . I understand	wn below for the purpose of the authorization may be revoked
		\$	X 26	-	¢
Select one: Start Change Cancel		Biweekly Total *(Must match dollar amount in Biweekly Total column above)	Payroll Periods		Annual Total