

## **PAYROLL DEDUCTION AUTHORIZATION FORM**

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Title:		Department:		
RFU Phone:		RFU Email:		
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Ple	ase check preferred option.			
	Please enroll me in the cont to end is given.			
	Please deduct \$complete, my total gift will b	e \$	ecks for a total of	deductions. when
	This authorization:			
	<ul> <li>is a new payroll deduction</li> <li>is an additional payroll deduction</li> <li>is a change in an existing</li> <li>terminates current payroll</li> </ul>	duction payroll deduction		
Directed to: (please check)  Area of Need: (please check)				
	Rosalind Franklin University		Scholarship	
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	Scholl College of Podiatric M School of Graduate & Postdo		Greatest Needs	
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	Please make my gift anonyn	nous.		
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Ple		nent@rosalindfranklin.ed Division of Institutional 3333 Green Bay R North Chicago, IL Attn: Payroll Dedu for making an IMPACT at	Advancement oad 60064 action	versityl
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