



Payroll Deduction Authorization Form

Support The "Team Behind the Teams."

A Convenient and Efficient Method of Contributing to the ECU Educational Foundation, Inc. (Pirate Club)

Biographical Information

New Member

Renewal

PC # _____

*Name (Mr. Mrs. Ms.) _____

*Home Address _____ *Home Phone _____
Street City ST Zip

*Daytime Phone # _____ *Social Security # _____

Referred By _____ Pirate Club Member No Yes If yes, Pirate Club # _____

Birth Date _____ ECU Alumnus Year _____

Letter Winner (Sports) _____ Year(s) _____

Spouse's Name _____ Birth Date _____ ECU Alumnus Year _____

*** Indicates required information.**

Initial Payroll Deduction

Change in Payroll Deduction

Cancellation of Payroll Deduction

Please designate my gift of \$ _____ per year to:

Pledge Amount

Annual Fund Year: 20____

Capital Campaign: _____

AMOUNT*	
PER PAY PERIOD \$ _____	(MINIMUM OF \$5.00)
MONTHLY TOTAL \$ _____	
* Please remember there are two pay periods per month.	

START DATE: _____

PLEASE SELECT:

Enclosed is \$ _____ to ensure my pledge is fulfilled by December 31.

Check Enclosed

Charge my:

Expiration Date _____

Card Holder's Name _____
(Please Print)

Card Holder's Signature _____

Expiration Date _____

Card Holder's Name _____
(Please Print)

Card Holder's Signature _____

I hereby authorize payroll deduction on a bi-monthly basis for the amount indicated for the ECU Educational Foundation (Pirate Club) to start within 30 days. I also understand these debits will continue indefinitely until the Pirate Club is provided with written notice to revoke it. Although this payroll deduction is continuous, a renewal form will be sent at the beginning of December for your renewal or pledge adjustment. Upon the receipt of your completed **and signed Payroll Deduction Authorization form and payment (if applicable)**, the Pirate Club will begin to issue periodic debits on your payroll check within 30 days. The Pirate Club requests that all pledges be fulfilled by December 31.

Signature _____

Date _____

For Office Use Only

Date Received: _____

Entered By: _____

Date Entered: _____

Entry Code: _____



Return completed form and payment (if applicable) to:
ECU Educational Foundation • Ward Sports Medicine Building • East Carolina University • Greenville, NC 27858
Phone Number (252) 737-4540 • Fax Number (252) 737-4664