

AUC Payroll Deduction Form for Faculty and Staff

Name: _____
Title: _____
Department: _____
Employee ID: _____
AUC Extension: _____
Cell Phone Number: _____
AUC Alumni: Yes No

Payroll Authorization

By filling out this form, I authorize AUC to deduct from my salary. I understand that I may revoke this authorization at any time by sending an email to farida@aucegypt.edu.

Amount: _____ USD EGP

Designation: _____

Deduction: Monthly from _____ (MM/YYYY) to _____ (MM/YYYY)

One Time

Until Further Notice

Kindly fill in the form and send to Farida Ahmed, Director of Gift Administration farida@aucegypt.edu, Ext. 2481