OFFICE OF PAYROLL
WALDSCHMIDT 110, MSC 164
5000 North Willamette Boulevard
Portland, Oregon 97203-5798
P (503) 943-7338
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University
*of* Portland

# CATHOLIC CHARITIES CONTRIBUTION FORM

## Initiating Contribution:

**Employee ID:** _____

**Employee Name:** _____

**Contribution Amount** (per paycheck)**:** $_____

**Contribution Start Date:** _____

## Terminating Contribution:

**Contribution Amount** (per paycheck)**:** $_____

**Contribution End Date:** _____

By signing below, you authorize the University of Portland to deduct the amount stated above from each paycheck OR to terminate current contributions.

Please note that the Catholic Charities contribution will continue to be deducted until the Office of Payroll receives this form to terminate contribution.

**Signature:** _____ **Date:** _____

**Mail, Fax, or Deliver this Request to Payroll**
*(see address above)*