

## **Revocation of Payroll Deduction**

## **WIU Foundation**

To: WIU Foundati	on Office, Sherman Hall 303	I am paid: ☐ Monthly	☐ Semi-monthly	□Bi-Weekly
Please discontinue	e the following payroll deduction	l•		
Deduction For:ORGANIZATION		Amount Deducted Per Pay Period: \$		
Name:	LAST	FIRST	MIDDLE	
Street:		City:		
WIU ID Number:				
EFFECTIVE WITH THE		PAYCI	IECK.	
Signature:		Date:		
	General	Information		
	to revoke/stop deductions currently mpleted and returned to the Foundation.			
to make the change	fective date above will be enacted on the effective by the elected date. If the elected date, the change will go into effect in	here is not ample time to	process the change	
Please return to:	WIU Foundation, Sherman Ha Western Illinois University 1 University Circle Macomb, IL 61455	11 303		

For more information or assistance in completing this form, please contact Gift Processing at 309-298-1861.