

# UNM Payroll Deduction Form and Instructions

**Thank you for your support to the University of New Mexico!**

**Please Note:**

**The following form is only for UNM faculty and staff.**

For UNM Hospital, UNM Medical Group, UNM Foundation, and others, please contact your payroll department for information.

**PRINT & MAIL Instructions**

1. Print the form on the following page.
2. Complete the form. Be sure to include your signature.
3. Return your completed form to:

UNM Foundation, Inc.  
ATTN: Gift Processing  
Two Woodward Center  
700 Lomas Blvd. NE  
Albuquerque, NM 87102

**FILL & EMAIL Instructions**

1. Download the form.
2. Complete the form. Be sure to include your eSignature.
3. Email your completed form to:

[UNMGives@unmfund.org](mailto:UNMGives@unmfund.org)

If you have any questions about your payroll deduction, please contact your payroll department or UNM Foundation's Gift Processing Department at 505-313-7600.

Thank you!



THE UNIVERSITY OF  
NEW MEXICO

# Payroll Deduction Authorization

Please return this form to the UNM Foundation, Inc.  
700 Lomas Blvd. NE • Suite 203 • Albuquerque NM 87102 • MSC07 4260  
unmgives@unmfund.org

Name:

Home Address

City

State

Zip

Banner ID

Email

UNM Department

I am:  Staff  Faculty **Payroll status:**  Bi-weekly  Monthly  Other \_\_\_\_\_

If you are already making payroll contributions, the contribution on this form is meant to:

- Be an additional contribution to the current one.
- Change just the amount or designation of the current contribution.
- Completely cancel and override the current contribution

I hereby authorize the UNM Foundation, Inc. to:

Deduct \$ \_\_\_\_\_ each pay period until I notify you in writing to discontinue deductions.

OR

Deduct \$ \_\_\_\_\_ each pay period until my total gift is \$ \_\_\_\_\_

OR

Deduct \$ \_\_\_\_\_ ONE TIME, from my next paycheck.

Please direct my gift (you may choose more than one fund. Indicate dollar amount for each):

\$ \_\_\_\_\_ Lobo Food Pantries - Future Fund Endowment (610584)

\$ \_\_\_\_\_ Lobo Food Pantries - Immediate Use Funds (202602)

\$ \_\_\_\_\_ School/College of

\$ \_\_\_\_\_ Other (please specify)

Signature (REQUIRED):

Date: