|  |  |
| --- | --- |
| A purple circle with white text  Description automatically generated | CHARITY CONTRIBUTION AUTHORISATION FORM v3 |

|  |  |
| --- | --- |
| STAFF NAME:  |  |
| STAFF Payroll NUMBER:  |  |

|  |  |  |
| --- | --- | --- |
| **Type of Deduction** | **Action Request** | **Deduction Amount****Per Pay Period** |
| Galway University Foundation (718) | [ ]  NEW[ ]  AMEND[ ]  STOP | €  |
| Galway Hospice Weekly Draw (786) | [ ]  NEW[ ]  STOP | [ ]  € 5.51 Monthly Paid[ ]  € 1.27 Monthly Paid |

I hereby authorise the University of Galway Payroll & Expenses Office to make the necessary adjustments as outlined above to my next payment. I understand and agree that it is my responsibility to ensure the necessary deduction is being processed from my salary each month/week.

Please see information about the charities on the Payroll & Expenses website under [voluntary deductions](https://www.universityofgalway.ie/payroll/payrollinformation/voluntarydeductions/).

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 **Staff Member Signature Date of Request**

\*Staff member signature is not required if this form is emailed from your University of Galway email address

Please email this form to payroll@universityofgalway.ie

Or Post the form to address Payroll Office, The Quadrangle, University of Galway, University Road, Galway.