

Biwee	ekly Amt (Staff):	_Pay perioœeginning:	
Designation (list dollar amount of each pay pe (Please include, on this form, any prior Foundation) \$ Southeastern Annual Fund (	n deductions you would like to re		T1 0 0 1 364 94 Tme)-3(ra k))]]
**************************************			
Signature:			
I further hereby waive on behalf of myself, my heir University and/or the State of Louisiana (and any processing, or any other handling of the named vor I understand that this form supersedes and replace	officer, employee, or agency ther pluntary deduction.	eof) arising out of the deduction	
I hereby authorize Southeastern Louisiana Univer deposit in the Southeastern Louisiana University Finon-profit 501 (3) (c) corporation. Contributions to	Foundation. The Foundation is the Southeastern Louisiana Uni	e primary fund raising arm of the versity Foundation are eligible	ne University and is a for tax deductions.