



Faculty/Staff Authorization for Recurring
Contribution By Payroll Deduction

Name (please print): _____

OBU ID number _____

Amount \$ _____ per month (\$10 min.) or _____ bi-weekly (\$5 min.)

Effective Date: _____ Total \$: _____

Fund Name/Description: *The OBU Fund*

Other Fund: _____

I authorize the Office of University Advancement and Human Resources to initiate the payroll deduction described above as a recurring contribution to Oklahoma Baptist University.

Employee Signature: _____

Date: _____

Please return the completed form to the location listed below prior to the 15th of the month. For questions or assistance with this form, please contact University Advancement at ext. 2703.

Office of University Advancement
Oklahoma Baptist University
500 W. University
OBU Box 61275
Shawnee, OK 74804
(405) 878-2703

University Advancement: One ID #: _____ Pledge #: _____ Fund #: _____ _____
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