



University Advancement
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Honolulu, Hawaii 96813
(808) 544-0806 | annualgiving@hpu.edu

Payroll Deduction Authorization Form

I authorize Hawai'i Pacific University to update my PAYROLL DEDUCTION to the amount below in every PAY PERIOD beginning on the date listed for purposes of donation to HPU. I understand that this authorization shall remain in effect until I notify the University Advancement Office in writing that I wish to change or stop my payroll deduction at annualgiving@hpu.edu.

Employee Information

Name First Last
Title Department
Email Phone

Employee Information

- Payroll Deduction (Every Pay Day)
One-time Contribution

Amount: [input box]

Date: [input box]

Gift Designation

- Athletics: Name of Sport
Scholarships
Student Success
Other: Name of College Fund or Department

Signature Date

Thank you for your participation!
Your gift makes a difference in the lives of our students.