

PAYROLL DEDUCTION AUTHORIZATION
FOR GOLDPLUS

*Forms may be faxed to (610) 758-6188, or mailed to: GoldPLUS Office – Lehigh University –
39 University Drive – Bethlehem, PA 18015*

Printed Name: _____ **LIN:** _____

Department: _____

Note: Requests must be received by the 15th of the month in which the deduction will start, change or be cancelled.

Check One Box:

- Start.** I would like to open/add to a GoldPLUS account via Payroll Deduction. I certify that I have read the GoldPLUS Terms and Conditions, and I agree to abide by the terms and conditions of the GoldPLUS program. I authorize a deduction from my gross wages each payroll period that falls at the end of each month beginning the month of _____. My target balance to be funded by payroll deduction is \$ _____. My monthly deduction will equal the amount requested to fund my target balance.
- Change.** Beginning _____, please change my GoldPLUS target balance to \$ _____. I understand that my payroll deduction will be adjusted accordingly.
- Cancel.** Please take the last payroll deduction for my GoldPLUS in the month of _____. I understand that no further deductions will be taken after that month.

I understand that this authorization will remain in effect until I terminate my employment in an eligible employee class at Lehigh University or until I cancel it or change it by written notice to the GoldPLUS Office.

IMPORTANT: A new Authorization Form must be submitted should you wish to make any changes, or cancel this deduction.

SIGNATURE _____ **Date:** _____

Office Use Only: Processed by: _____ **Date Processed:** _____