



RHODES UNIVERSITY  
Where leaders learn



You Can Make a Difference

## Staff Payroll Authorisation

### Personal Information

Title and Full Name: \_\_\_\_\_

Staff Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

### Donation Authorization:

I \_\_\_\_\_ authorise the following donation as a direct debit from my salary.

### Donation Frequency (Please tick to select an option):

Once-Off  Amount R \_\_\_\_\_

Monthly  Amount R \_\_\_\_\_

Annually  Amount R \_\_\_\_\_

### Projects (Please tick to select an option):

The Centre for Postgraduate Studies (CPGS)

The Institute for Nanotechnology Innovation (INI)

The Institute for Water Research

Isivivane:

Undergrad     Postgrad     Residence Maintenance     Endowment

Pathways to Education

Rhodes University Sports

Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Terms and Conditions:

**Authorization:** By signing this form, you authorize deducting the specified amount from your salary on the selected frequency basis.

**Frequency Changes:** Changes to the donation frequency can be made by submitting a written request to the Payroll Department.

**Cancellation:** You may cancel this authorization at any time by providing written notice at least 30 days before the next scheduled deduction.

**Privacy:** All personal information provided will be used solely to process the donation and will be kept confidential.

**Effective Date:** This authorization will remain in effect until you notify us of its termination or changes in writing.