



**UNIVERSITY OF LAGOS  
OFFICE OF ADVANCEMENT  
STAFF ENDOWMENT CHECK-OFF SCHEME**

Date: \_\_\_\_\_

Thro: The Director  
Office of Advancement

To: The Bursar  
University of Lagos

Dear Sir,

**AUTHORITY TO DEDUCT FROM MY SALARY**

I hereby authorize the deduction of \_\_\_\_\_  
\_\_\_\_\_ ₦: \_\_\_\_\_ from my monthly salary  
being my contribution to the University of Lagos Endowment Fund- This is with effect from  
\_\_\_\_\_ to \_\_\_\_\_

Thank you-

Yours faithfully,

**NAME:** \_\_\_\_\_  
*(Surname First)* (Please state: Prof-/Dr-/Mr-/Mrs-/Miss) *(Other Names in full)*

**DEPARTMENT/UNIT:** \_\_\_\_\_

**DESIGNATION:** \_\_\_\_\_

**STAFF NO:** \_\_\_\_\_ **GSM:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**INTERCOM NO:** \_\_\_\_\_

.....  
**SIGNATURE**