



# PAYROLL DEDUCTION AUTHORIZATION

Please select the Foundation where you wish your payroll contribution to be forwarded:

Irvine Valley College Foundation (6CC0)

Saddleback College Foundation (6CB0)

District Foundation (SOCCCD)

Please select your employee type:

Academic (10 month deduction)

Classified (10 or 12 month deduction)

Administrator/Manager (12 month deduction)

Trustee (10 month deduction)

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please allocate my deduction to the following (monthly amount to be deducted):

\_\_\_\_\_ The Greatest Need: To support supplemental funding where it's needed most to enhance programs and services

\_\_\_\_\_ Scholarship Fund: Supports individual scholarships based on need and/or academic merit

\_\_\_\_\_ President's Circle: Annual unrestricted gift of \$1,000 to more; benefits vary based on levels

\_\_\_\_\_ Other: Please specify name of existing account \_\_\_\_\_

\_\_\_\_\_ **Total Monthly Deduction:** This is the amount deducted and reflected on my payroll stub. This amount will supersede any prior authorized amount.

**I wish to cancel my voluntary deduction on the next available payroll.** My deduction will remain in place until I submit this form requesting to cancel my prior payroll deduction to the foundation.

*I authorize South Orange County Community College District to deduct the Total Monthly Deduction listed above and understand that this authorization shall remain in effect until changed or cancelled by my submission of a new Payroll Deduction Authorization form is received by the payroll department.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date