



**PAYROLL DEDUCTION
AUTHORIZATION FORM**

TO: PAYROLL OFFICE, DAYTONA STATE COLLEGE

FROM: _____
Employee Name (Print) Cars ID#

I hereby authorize you to make the following payroll deduction from my earnings each payroll date beginning on _____ and remit same to the Daytona State College Foundation, Inc., until otherwise notified by me in writing to the Payroll Office.

Furthermore, I wish my contribution to be utilized in the following areas:

Check All That Apply:

- Area of Most Need
- Foundation General Scholarships
- Alumni / Friends Fund
- Other _____

Amount to be deducted:

- \$75.00 \$50.00 \$40.00 \$30.00 \$25.00 \$20.00 \$15.00
- \$12.50 \$10.00 \$ 5.00 \$ 2.50 \$ 2.00 \$ 1.00
- Other amount \$ _____ One-time contribution of \$ _____

Please fill out all that apply:

- **New Payroll Deduction is in addition to:** (name of fund/dollar amount)

- **New Payroll Deduction is in place of:** (name of fund/dollar amount)

- **Increase / Decrease deduction:** From \$ _____ To \$ _____

EMPLOYEE SIGNATURE

DATE

NOTE: Please return form to the Payroll Department with a copy to the Daytona State College Foundation. All information is required.