



PAYROLL DEDUCTION AUTHORIZATION

TO: PAYROLL OFFICE, DAYTONA STATE COLLEGE

FROM: _____
Employee Name (Print) Cars ID#

Street Address, City, State, Zip

Phone E-mail Address

AREA: [] Administrator [] Faculty [X] Career Employee [] Professional

*I hereby authorize you to make the following payroll deduction from my earnings **each payroll date indicated below** 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 ONE:

- [] Area of Most Need [] BAS Crisis Award
- [] Foundation General Scholarships [X] CEA Award
- [] Alumni / Friends Fund [] Lombardo Family Scholarship
- [] Clock Tower Brick: \$ 75.00 [] Gerald T. Frisby Scholarship
- [] Other _____

AMOUNT TO BE DEDUCTED ON PAYROLL DATE:

- [] \$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:

- **Deduction is in addition to:** (name/dollar amount)

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

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

EMPLOYEE SIGNATURE

DATE

NOTE: Please return form via interoffice to Daytona State College Foundation or via e-mail to foundation@daytonastate.edu. All information is required.