

Mt. San Jacinto College Foundation

PAYROLL DEDUCTION FORM

Name: _____ Employee ID: _____

Home Address: _____

Email: _____ Home Phone: _____

HIRED CATEGORY: Administration Faculty Classified

Please indicate below which funds you would like to give to monthly and the amount:

Pledge for Success: \$7 _____ \$35 _____ \$70 _____ Other: \$ _____

Student Success Funds:

Asian American & Pacific Islander \$ _____ Black/African American \$ _____ Foster Youth \$ _____

Indigenous American \$ _____ Latinx \$ _____ LGBTQ+ \$ _____ Undocumented Students \$ _____

Classified Senate: \$ _____

Eagle Athletics: \$ _____

Eagles Landing: \$ _____

Honors Enrichment Program: \$ _____

Mu Alpha Theta: \$ _____

PALS Scholarship: \$ _____

Phi Theta Kappa: \$ _____

President's Circle \$100: _____

Supplemental Instruction: \$ _____

Start Date of Deduction: _____ **Total Amount of Deduction Each Pay Period:** \$ _____

PAYROLL DEDUCTION AUTHORIZATION I authorize the payroll deduction shown above. I understand that the Payroll Deduction I am enrolling in does not replace any current payroll deduction that is in place. I understand this authorization shall remain in effect until revoked by me in writing. I understand that if I revoke this Payroll Deduction all funds previously deducted from my payroll will become a donation to the Foundation and are non-refundable. I understand that payroll deduction is voluntary. By signing below, I acknowledge that this authorization is made voluntarily, that I have received a copy of this authorization, and I agree to its terms and conditions.

EMPLOYEE'S TODAY'S SIGNATURE: _____ DATE: _____

To Be Completed by Payroll

Date form Received: _____ Start Date of Deduction: _____

Total Amount to be deducted monthly: \$ _____