PAYROLL DEDUCTION AUTHORIZATION FORM

Irvine Valley College Foundation

Employee Name: _____ Employee ID:_____

Preferred Mailing Address:_____

City:_____ Zip: _____

Phone: _____

Employee Type (please check):

☐ Academic (12 months) ☐ Academic (10 months)

☐ Classified (12 months) ☐ Trustee (12 months)

Amount:	Gift Number:	Gift Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Totally Monthly Deduction: 0_____

☐ This form replaces any previous deductions and supercedes 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.

_____ _____

Employee Signature Date

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 to the payroll department. Your tax letter will be sent at the end of the calendar year.

Foundation Use Only:

Thank you for your generous gift!

For Payroll Department Use.
*Payroll Cycle Begin:*_____