

**South Orange County Community College District
Payroll Deduction Authorization**

I _____ hereby request that the SOCCCD Payroll Department withhold from
(Employee's Name)
my regular monthly pay an additional amount of monthly Faculty Association dues in the amount of:

\$10 \$15 \$25 \$50 \$_____

(Please circle amount requested)

(The amount specified above will supersede any previous additional deduction directed to the SOCCCDFA PAC beyond normal dues. If you already have additional withholding, and wish to increase the amount, the amount specified above should be the total additional withholding.)

This monthly amount is to be directed to the local Faculty Association as an additional contribution the South Orange County Faculty Association Political Action Committee, effective immediately. I understand that annual contributions to a Political Action Committee in excess of \$99 become a matter of public record.

(Employee Signature)

(Date)

(Print Name)

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(Social Security Number)