Classified Senate Council Payroll Deduction Authorization Form

Employee Name: _____ Date: _____

Employee ID or Last 4 of SS#: _____ Department: _____

Work E-mail Address: _____ Work Telephone No.: _____

Dues Options: Enter a check next to the appropriate Payroll Deduction option ($1.25 minimum):

_____ One-time Payroll Deduction of $15.00 annually

_____ Monthly Payroll Deduction of $1.25 for 12 months

_____ Monthly Payroll Deduction of $1.50 for 10 months

Charitable Giving Opportunities (Your gift is tax deductible as provided by law. MCC Foundation tax ID #: 95-6151938.)
Enter a check next to the appropriate option, enter the one-time or monthly deduction amount, and circle the appropriate action to be taken by the Payroll Office.

_____ One-time Payroll Deduction: Amount $_____ Student Scholarship / Employee Scholarship

_____ CSC Student Scholarship: Amount $_____ Initiate / Terminate / Increase / Decrease

_____ CSC Employee Scholarship: Amount $_____ Initiate / Terminate / Increase / Decrease

I agree to the following:
1. I hereby authorize MiraCosta Community College District to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate based on the action requested above.

2. I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination, and will not hold the MiraCosta Community College District liable for any deductions made.

3. I understand that if I am changing a payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change.

4. *I understand that this authorization shall remain in effect until modified in writing by the undersigned.*

Employee Signature: _____ Date: _____

FOR PAYROLL USE ONLY

BDEMP Done:_____   Month processes: _____   Entered By: _____

CSC Dues: Vendor# 56140 _____   Charitable Giving: Vendor# 77090-01_____

Thank you for your support! Please make two copies of this form. Send one to Payroll 14 and one to Development 7.