



# Payroll Deduction Authorization

Name (print) \_\_\_\_\_  
(First) (Middle Initial) (Last)

Home Address \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title of Position \_\_\_\_\_

Employment Contract Length (circle one):

(164-Day Fac.) (196-Day Fac.) (228-Day Fac.) (12 Mo. Staff/Fac.)

I hereby authorize and request Seminole Community College to deduct each payday from my salary and remit to SEMINOLE COMMUNITY COLLEGE FOUNDATION, INC. the sum of \$\_\_\_\_\_.

*Payroll deductions may be split among Foundation accounts if each account receives a benefit greater than or equal to \$10.00 per month. Deductions of less than \$10.00 will be applied to a single account.*

Foundation Account of my choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization shall remain in effect until a change or revocation has been signed by me and processed in the Payroll Office.

Circle One:            New                            Change:    From \$\_\_\_\_\_ To \$\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT THIS FORM TO THE FOUNDATION OFFICE.**

100 Weldon Blvd., Sanford, FL 32773

(407) 708-2582