



Friends of Fullerton College Foundation Payroll Deduction Form

Thank you for supporting Friends of Fullerton College Foundation! Please complete this form to authorize payroll deductions toward the programs and scholarships of your choice. Your contributions directly support students and programs at Fullerton College.

Employee Information

Name: _____

Employee ID: _____

Department: _____

Phone/Email: _____

Deduction Details

Please indicate the amount you wish to contribute each pay period:

Fullerton College Scholarships (specify below)	\$
Scholarship Name:	
Fullerton College Student Emergency Funds	\$

Total Amount per Payroll Deduction: \$ _____

Pay Frequency

I am paid 10 months per year

I am paid 12 months per year

Authorization

I hereby authorize the North Orange County Community College District to deduct the amount(s) indicated above from my regular salary and transmit these deductions to Friends of Fullerton College Foundation. This authorization will remain in effect until modified or revoked in writing by me or Friends of Fullerton College Foundation.

Signature: _____ Date: _____