



# COLORADO COLLEGE

## Payroll Deduction Authorization

Name *(please print)*: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Donation Details	
Annual Fund:	\$ _____
Other designation:	\$ _____ [Fund name: _____]
Other designation:	\$ _____ [Fund name: _____]
Total:	\$ _____
Pay Period Details	
Total amount per pay period:	Number of pay periods (usually 24):
\$ _____	_____

**I hereby authorize The Colorado College to withhold a portion of my paycheck each pay period as shown above, effective (first deduction): \_\_\_\_\_**

This payroll deduction will renew each fiscal year and will remain in effect until cancelled in writing or via email from you.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Forms must be received at least two weeks before the effective date, and should be turned in to Advancement Services. We'll forward a copy to Payroll.

***Thank you for your continued support of Colorado College!***