



## 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 canceled 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:

The Office of Advancement  
218 E. Cache La Poudre St.  
Colorado Springs, CO 80903

We'll forward a copy to Payroll.

*Thank you for investing in Colorado College!*