Payroll Deduction Form

Chaffey College Auxiliary / Classified Senate

New Contributors:

Please deduct $ [____] each month from my payroll warrant for the <mark>Classified Senate</mark> account

held in the Chaffey College Auxiliary Account. I understand that these funds will be deducted

monthly from my payroll check each school year until revoked in writing.

Starting Date: [_____]

Printed Name	Chaffey College ID Number or SSN:

Signature	Date

Changes:

I wish to change my <mark>Classified Senate Auxiliary</mark> contribution from $ [____] to $ [____] .

Starting Date: [_____]

Printed Name	Chaffey College ID Number or SSN:

Signature	Date

Please return this form to the Payroll Office for processing.