## **Employee Payroll Deduction Authorization Form**

Name:	_			
Address:				
Employee ID:	_Department:			
Phone Number:	_E-mail:			
I authorize and request that the amount below be d remitted to the Pensacola State College Alumni Asso	-	paycheck each pay p	period and be	
Amount Per Pay Period: \$				
for my Lifetime Charter Membership in the Pensacola State College Alumni Association.		Membership	Per Paycheck 9 month/12 month	
		\$250	= \$13.88/\$10.42	
<ul><li>Γhis is a:</li><li>□ New Lifetime Charter Membership</li><li>□ Change In An Existing Payroll Deduction</li><li>□ An Additional Payroll Deduction Pledge</li></ul>				
I want my payroll deduction to:				
☐ Continue until I notify Human Resources otherw	ise			
$\square$ Continue for one year from the date below				
Signature:	Da	ate:		
FOR HUMAN	RESOURCES: Co		+++++++++++++++++++++++++++++++++++++++	
Record Updated by:	]	Date:		