



## **San Mateo County Community College District Authorization for Payroll Deduction**

To: District Payroll Office  
3401 CSM Dr.  
San Mateo CA 94402

I hereby authorize my employer, San Mateo County Community College District, to deduct from my paycheck on an after-tax basis a voluntary deduction of \$ [ ] [\$5 minimum] per month as a tax-deductible contribution for a specific fund in the San Mateo County Community Colleges Foundation.

This deduction shall start with the pay period of compensation

for the month of 20 ,

and continue until I notify the District in writing otherwise.

The contribution shall be for the one specific fund checked here:

General Fund of the Foundation  
Annual Cañada Cares Scholarship Fund  
Cañada Book Scholarship Fund  
Textbook Rental Program at Cañada  
Other

To see a complete list of scholarship funds available, please visit the Financial Aid/Scholarship office, Bldg. 8-205 or call ext. 3174.

Printed Name of Employee:

Social Security Number:

Signature:

Date: