



## **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
- Friends of CSM Scholarship Fund
- President's Discretionary Fund
- President's Fund for Innovation
- Reach for the Stars Campaign
- Textbook Rental Program at CSM
- Other

Printed Name of Employee:

Social Security Number:

Signature:

Date: