



# Chaffey College

## Payroll Deduction Form – Auxiliary Special Populations & Equity Programs

### New Contributors:

Please deduct \$\_\_\_\_\_ each month from my payroll warrant for the \_\_\_\_\_  
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.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Chaffey ID#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### Changes:

I wish to change my contributions for the \_\_\_\_\_ account from

\$\_\_\_\_\_ to \$\_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Chaffey ID#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to the Payroll Office for processing**