

Canton College Foundation NYS Payroll Deduction Authorization

Employee Name: _____

Social Security Number: _____ Item Number _____

Agency: **SUNY CANTON** Agency Code: **2836**

Start Canton College Foundation

Designation: _____

Change

Code: **842**

Cancel

Biweekly Amount: \$ _____

To the State Comptroller:

Pursuant to Section 201 of the State Finance Law, I hereby authorize you to deduct from each of my biweekly salary checks the deduction amount shown for the purpose of my contributing to the Canton College Foundation and to transmit such withholding amount to said Foundation. I understand that this authorization may be revoked at any time by written notice filed with the SUNY Canton Payroll Office.

DATE

SIGNATURE OF EMPLOYEE