



## Canton College Foundation Payroll Deduction Form

Employee Name:			
Email:			
<b>Please write the amount you want deducted bi-weekly in the appropriate box below.</b>			
Start Amount:	Change Amount (List New Total Amount):		
<b>Please check the box below that applies to you.</b>			
Faculty Full-time	Faculty Part-time	Adjunct Faculty	Staff
Gift Designation/Fund:			
My Bi-weekly gift of \$ _____ x 26 = my total annual gift of \$ _____			

**For SUNY Canton Payroll Staff  
Canton College Foundation  
Code: 842  
Line Number: \_\_\_\_\_**

**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 Canton College Foundation, Inc.

**UPON COMPLETION, PLEASE RETURN THIS FORM THE CANTON COLLEGE FOUNDATION OFFICE FOR PROCESSING!**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_