Canton College Foundation Payroll Deduction Form

Employee Name:			
Email:			
Please write the amount you want deducted bi-weekly in the appropriate box below.			
Start Amount:	Change Amount (List New Total Amount):		
Please check the box below that applies to you.			
☐ 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: _____**