



Your Support Matters!

Support a student on a monthly basis by "Giving A Credit" every month which will allow students to realize their educational goals. Your monthly donation will help students with crucial resources including text book vouchers, laptop grants, and emergency assistance. Only you can make a lasting impact that will affect the lives of deserving students here at LACC.

- \$115/month you can support a full-time student with 30 credits which covers a year.
- \$46/month you can support a full-time student with 12 credits which covers a semester.
- \$23/month you can support a student with 6 credits of enrollment.
- \$15.34/month you can support a student with 4 credits of enrollment.
- \$7.67/month you can support a student with 2 credits of enrollment.

You'll receive a thank you letter and a standard annual statement from the LACC Foundation before Jan. 31 of the following year.

Please email completed Voluntary Deduction Authorization Forms to:

William McMahan - mcmahawr@laccd.edu Laine Meaker - meakerla@email.laccd.edu

Please copy (CC):

Maria Andrade - andradmd@email.laccd.edu Eddie Hernandez - hernane18@lacitycollege.edu

We thank you for your support!



LOS ANGELES COMMUNITY COLLEGES

PAYROLL SERVICES, 5TH FLOOR 770 WILSHIRE BOULEVARD LOS ANGELES, CA 90017

VOLUNTARY DEDUCTION AUTHORIZATION CHARITABLE / PROFESSIONAL ORGANIZATIONS

This form is limited to setting up or changing voluntary payroll deductions to organizations listed on the Charitable or Professional Organization list. This form <u>cannot</u> be used to set up a direct deposit to a bank or credit union, to set up a salary reduction agreement such as a 403(b) or 457(b) or tax sheltered annuity (TSA) account or to purchase a U.S. Savings Bond.

Read Information Box below before completing. Please print or type and ensure all information is provided as omissions can delay

processing. Last Name First Name Personnel Number Middle TYPE OF ACTION Select one authorization per form. **New Voluntary Deduction** Organization Name **Deduction Amount** B. CHANGE EXISTING VOLUNTARY DEDUCTION Organization Name **DEDUCTION AMOUNT:** From: To: Current Amount **New Amount CANCEL EXISTING VOLUNTARY DEDUCTION** Organization Name **Deduction Amount AUTHORIZATION:** I hereby authorize the Los Angeles Community College District to: deduct from each of my regular salary warrants the amount indicated in Section 1A or 1B above and to remit these deductions to the organization named above without any liability to the Los Angeles Community College District. I understand this authorization shall remain in effect until I submit a new Voluntary Deduction Authorization form changing or canceling this authorization. cancel my previous authorization to the organization named above effective with the payroll calendar. Month Year I am a 10 pay employee. Only deduct 10 times even I earn additional summer pay. Date (MM/DD/YY) Signature

INFORMATION FOR EMPLOYEE REGARDING VOLUNTARY PAYROLL DEDUCTIONS

District Payroll Services at the address indicated above.

- This form is used to authorization deductions from paychecks to designated organizations only. Voluntary deductions to meet other personal financial obligations are not allowed as a voluntary deduction but may be set-up using the Direct Deposit procedure.
- 2. Authorizations must be received in Payroll Services by the 15th of the month in order to be effective the following month.

FORWARD COMPLETED FORM TO: