

State Payroll Deduction Form

First Name _____ Last Name _____

Coyote ID Number: _____ Social Security Number: _____

Campus Department: _____ Phone: _____

I hereby authorize the California State Controller to withhold the following amount from my CSUSB pay warrant. Please deduct \$ _____ each month beginning with the _____ pay period (month/year).

- **Please note the following:**
 - *The minimum amount is \$5 per month.*
 - *The annual \$20 membership fee will be directed each calendar year to ALFSS' operating fund.*
 - *Any amount donated above \$20 is a tax-deductible contribution to ALFSS scholarship fund.*

The above contribution is to be deposited into the Foundation account of The Association of Latino Faculty, Staff and Students at California State University, San Bernardino.

- 1) This is a: ___ New deduction
 ___ Increase/decrease in current deduction
 ___ Deletion of current deduction

Please discontinue this deduction effective with the pay period _____
 (ex: May 2010)

___ Change in current designation

Please Initial:

_____ I understand that this monthly payment will continue until I notify ALFSS/University Advancement Services to stop this deduction.

_____ I understand that a written notification to University Advancement Services will release me from further commitment beyond what I have already paid.

Signature: _____ Date: _____