

# Orange Coast College Foundation Payroll Deduction Plan



Sign me up for the OCC Foundation Payroll Deduction Plan:

Name: \_\_\_\_\_

Employee ID Number/SS # \_\_\_\_\_

I wish to have \$\_\_\_\_\_deducted per month starting immediately.

Name of Account: \_\_\_\_\_

(You may contribute to any scholarship, department, or program on campus.)

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

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



Check here if this is in addition to payroll contributions you are already making to Orange Coast College Foundation

## **\*\*PLEASE NOTE\*\***

**YOUR CONTRIBUTIONS WILL CONTINUE UNTIL YOU OR I GIVE WRITTEN NOTIFICATION TO DISTRICT PAYROLL TO STOP THEM.**

(there are no deductions during July & August for Classified, June & July for Faculty)

PLEASE RETURN THIS FORM TO THE FOUNDATION OFFICE

Thank You,  
René Kinn  
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Ext 25749