



SANTA MONICA COLLEGE  
FOUNDATION

## SMC PAYROLL DEDUCTION AUTHORIZATION FORM

F/L NAME

MOBILE PHONE

LAST 4 DIGITS OF SS#

MAILING ADDRESS

PERSONAL EMAIL

NEW CONTRIBUTIONS:

PLEASE DEDUCT MONTHLY (CHECK ALL THAT APPLY)

- \$\_\_\_\_\_ President's Circle (min \$100 monthly, Sept – Jun)
- \$\_\_\_\_\_ SMC Associates (min \$10 monthly, Sept – Jun)
- \$\_\_\_\_\_ Other for \_\_\_\_\_

**TOTAL** \$\_\_\_\_\_ Monthly Deduction

CHANGES:

PLEASE REVISE MY MONTHLY CONTRIBUTION(S) (CHECK ALL THAT APPLY)

- President's Circle Revised Amt. \$\_\_\_\_\_
- SMC Associates Revised Amt. \$\_\_\_\_\_
- Other \_\_\_\_\_ Revised Amt. \$\_\_\_\_\_

EMPLOYEE SIGNATURE

DATE

**PLEASE RETURN COMPLETED FORM TO** SANTA MONICA COLLEGE FOUNDATION 1900 PICO BLVD., SANTA MONICA, CA 90405 310.434.4215