

Payroll Deduction

Thank you for supporting Lakeland students and programs through your generous donation.

Please complete this form and return it via email to [**tmorris-noland@lakelandcc.edu**](mailto:tmorris-noland@lakelandcc.edu)**.** It will be forwarded to the Payroll Department.

*Please print or type to complete.*

Lakeland ID Number

Name

Department & Room #

Phone Number

I wish to authorize the following deduction from my paycheck.

Apply to:

☐ Greatest need ☐ Student Hunger Fund (Lakeland Cares Cupboard)

☐ General scholarship ☐ Specified fund or scholarship

Please choose one of the following payment methods. Please allow 1 pay period for processing.

☐ **Continuous Deduction** Deduct $ per paycheck. Start Date:

*This option will continue until you request it to stop, change the amount or leave Lakeland.*

☐ **Total Deduction** $ Deduct $ per paycheck. Start Date:

*This option will stop once the total amount is reached.*

*If you wish to contribute annually, you will need to request a new payroll deduction each year.*

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(Signature)