



**Foothill-De Anza
Community College District**

Payroll Services Deduction Withholding Request

I, _____ authorize the Foothill-De Anza Community College District to deduct \$ _____ per month (\$5 minimum) from my paycheck as a voluntary tax-deductible contribution to:

- Foothill-De Anza Foundation _____ (898)
- De Anza College _____ (902)
- Foothill College _____ (876)
- Specific Program X (892) De Anza Academic Senate
Scholarship Fund – code # 944-670

Please start my deduction with paycheck dated _____ (month), _____ (year) until further notice.

Your Name (Please print) _____

Signature: _____

Social Security Number _____

Date _____

Please return the complete form to:

Foothill-De Anza College District
Payroll Services
12345 El Monte Road
Los Altos Hills, CA 94022

Questions? Please call Tracy Moeller at the Foundation Office at 650-949-6230. Thank you very much for supporting our students and programs.

(For Payroll staff use)

Date Received: _____ Deduction Code _____

Date Entered: _____ By: _____