



**CENTRE COLLEGE ~ OFFICE OF DEVELOPMENT FACULTY/STAFF
PAYROLL DEDUCTION FORM**

Name:_____ **ID Number:**_____

Relationship to College:_____

Payroll Deduction Code:

☐ Add

☐ Delete

☐ Change

Spouse Payroll Deduction Code (if applicable):

☐ Add

☐ Delete

☐ Change

Total Pledge Amount: \$_____ **Monthly Deduction Amount: \$**_____

Designation: ☐ CentreFund ☐ Other _____

Begin Payroll Deduction in the following month:

☐ July

☐ January

☐ August

☐ February

☐ September

☐ March

Year: 20____

☐ October

☐ April

☐ November

☐ May

☐ December

☐ June

Signature:_____ **Date:** _____

*By typing your full name, you allow Centre College to treat this as your signature.

Mail form to: Lori Burke, Campus Mail

Questions? Call ext. 5511