

COCFA

College of the Canyons Faculty Association

COCFA-PAC PAYROLL DEDUCTION FORM

Yes, I want to contribute to the College of the Canyons Faculty Association Political Action Committee (COCFA-PAC).

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: Day: _____

Evening: _____

DEPARTMENT/DIVISION: _____

CLASSIFICATION: Full-Time Faculty Adjunct Faculty

I authorize a tenthly payroll deduction in the amount of

\$10.00 \$20.00 \$30.00 Other amount _____
(Please specify)

for a 10-month period from October through July (ceasing August and September) to be deducted from my payroll warrant issuing on or after the date of _____.

I understand that this payroll deduction shall remain in effect unless revoked by me with a thirty (30) day written notice.

**For changes to this payroll deduction or to revoke the deduction completely, please obtain a revocation form from the COCFA-PAC.*

Employee's Signature: _____

Date: _____

For questions, please call the COCFA-PAC at (626) 260-0029

COCFA-PAC thanks you for your support.
(Please note: Contributions to COCFA-PAC are not tax deductible.)

Received by COCFA: Initials: _____

Date: _____