



**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:

- | | | |
|------------------------------------|-----------------------------------|--------------|
| <input type="checkbox"/> July | <input type="checkbox"/> January | Year: 20____ |
| <input type="checkbox"/> August | <input type="checkbox"/> February | |
| <input type="checkbox"/> September | <input type="checkbox"/> March | |
| <input type="checkbox"/> October | <input type="checkbox"/> April | |
| <input type="checkbox"/> November | <input type="checkbox"/> May | |
| <input type="checkbox"/> December | <input type="checkbox"/> June | |

Signature: _____ **Date:** _____

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

Mail form to: Vickie Glidewell, Campus Mail
Questions? Call ext. 5526