# Contra Costa Community College District

## Payroll Deduction Authorization Form

**Employee Name:**_____

**Employee ID/SSN:** _____

**Phone Number:** _____

*Please check one of the following:*

New Deduction:_____    Terminate Deduction: _____    Change Deduction: _____

**Organization or TSA Company**__LMC Foundation___

**Address:**__2700 E Leland Road_____

**City/Zip:**__Pittsburgh, 94565_____    **Phone # :**__925 439 2181_____

**I want to donate to (write account name):**

**Current Amount/Percentage:**_____    **New Amount/Percentage:**_____

**I want this change effective on my (please write paycheck date)**_____ **paycheck**

I hereby authorize Contra Costa Community College District (CCCCD) to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate based on the selection I have checked above.

I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in a pay period to cover this and other required and authorized deductions, and will not hold CCCCD liable for any deductions not made.

I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll due to the time needed to process the termination, and will not hold CCCCD liable for any deductions made.

I understand that I am changing a payroll deduction; the change may not take effect during the current payroll cycle due to the time needed to process the change.

I agree that this deduction shall be made each month until changed or cancelled by submission of a Payroll Deduction Authorization Form.

**I understand that for TSA deductions, I need to establish an account with the TSA Company for CCCCD's group plan before I initiate a payroll deduction. A list of vendors and CCCCD plan group numbers can be found on the District's website under Deferred Compensation. Hourly employees are not eligible for TSA's.**

CCCCD shall have no liability for any loss suffered by the Employee with regard to his/her selected company; or for funds transmitted in the manner authorized by its Tax Sheltered and Investment Programs and/or a 457 CalPERS plan. All deductions shall be made in accordance with Education Code Sections 22810, 22811and 22812; Internal Revenue Code of 1954 as amended; Section 17512 of the California Revenue and Taxation Code and of the Plan adopted by the Governing Board of CCCCD.

**Employee Signature:**_____    **Date:**_____

| FOR PAYROLL USE ONLY | | |
| --- | --- | --- |
| Entered By _____ | Date: _____ | Deduction Code: _____ |