



FACULTY ASSOCIATION

Southeast community college

Payroll Deduction Authorization

Please Print or Type:

Name: _____
Last First Middle Emp. ID#: _____

Email: _____
SCC Email Personal Email

Campus: _____ Division: _____

I hereby authorize Southeast Community College to deduct from my earnings an amount sufficient to pay the current rate of monthly Association fees established by the Southeast Community College Faculty Association. The amount deducted shall be at the current rate certified in writing by the Association President of the College Area Business Office. This deduction shall be terminated thirty (30) days after written notice is provided to the College Area Business Office or upon termination of my employment. The Campus Faculty Association President shall provide a copy of the written notice of termination to the College Area Business Office. The amount deducted shall be paid to the Treasurer of the Association. The Campus Faculty Association President shall provide a copy of this form to the College Area Business Office.

Member Signature

Date

Faculty Association Campus President

Date

FOR BUSINESS USE ONLY

29 A \$
Deduction Type Amount

Effective Date: _____ / _____ / _____