

SPECIAL PAYROLL DEDUCTION AUTHORIZATION

Blinn College Foundation

I, _____, _____ authorize Blinn College to
Name Blinn ID Number
reduce my paycheck in the amount:

\$ _____ for _____ pay cycles

The purpose of this deduction is to:

Contribute to the Blinn College Foundation Annual Giving Program

Signature of Employee

Date

Please sign and return this form to:

Joe Al Picone
Blinn College Foundation
902 College Avenue
Brenham, Texas 77833

The Foundation Office will forward this form on to payroll. Thank you.

HR Director

Date