

SCCBAA

SOUTHREN CALIFORNIA COUNCIL ON BLACK AMERICAN AFFAIRS MEMBERSHIP DUES PAYROLL DEDUCTION AUTHORIZATION FORM

Name _____ College/District _____
(Please print or type)

Employee ID# _____ Phone _____
(From your paystub)

Choose method of deduction below:

Professional

- One deduction of \$125.00
- Two deductions of \$62.50
- Four deductions of \$31.25

Student

- One deduction of \$75.00
- Two deductions of \$37.50
- Four deductions of \$18.75

I hereby authorize the (name) College/District to deduct a total amount of \$_____ in the increment(s) shown above for Southern California Council on Black American Affairs membership dues. I understand that payroll deductions will carry over from year to year unless I submit a cancellation request in writing to the SCCBAA Treasurer and the Payroll Department.

Signature

Date

*****Send form to SCCBAA Treasurer, Valerie Robinson, P.O. Box 20974, Bakersfield, CA 93390-0974 NOT Payroll. You may also email the completed to form to information.sccbaa@gmail.com for processing.*****

DO NOT WRITE BELOW THIS LINE

SCCBAA Treasurer

Payroll College/District

Signature & Date

Initial & Date