



**ANNUAL FUND DRIVE  
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize North Arkansas College Payroll to make the following payroll deduction(s) from my employment pay and remit to North Arkansas College Foundation, Inc., 1515 Pioneer Drive, Harrison, AR 72601.

**Please note there is a \$2.00 minimum donation per pay period.**

[ ] Deduct a **one-time amount** of \$ \_\_\_\_\_

[ ] Deduct a **grand total** of \$ \_\_\_\_\_ **via equal installments** deducted from each of the remaining pay periods through **June 30, 2019**. (NOTE – There are 21 pay periods remaining in the 2018-2019 fiscal year.)

[ ] Deduct \$ \_\_\_\_\_ **from each of my checks until I give written notification to the payroll office to discontinue.**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like my donation to be used:

- Where the need is greatest at Northark
- In support of \_\_\_\_\_ at North Arkansas College.
- As a memorial for \_\_\_\_\_

**Please forward the completed authorization form to the Office of Institutional Advancement.**