

## Employee Payroll Deduction Form

☐ By checking this box, I agree to participate in the Employee Payroll Deduction program for the JALC Foundation and acknowledge that the dollar amount I set will be taken out of each paycheck I earn, unless I choose to do a 'One Time' donation.

☐ Start Payment

\$

☐ Stop Payment

\$

☐ Change Amount of Payment

Current Amount

\$

New Amount

\$

☐ One Time Payment

Date for One Time Payment

\$

☐ I elect for my funds to be placed into the General Scholarship and acknowledge that this is awarded to students who need it the most.

☐ I wish for my funds to be placed into a specific scholarship fund. By choosing this option, please contact Specialist I, Angela Kerley, to discuss the scholarship options. (618) 985-3741 ext. 8429 Room B33  
angela.kerley@jalc.edu.

Name

Date

Signature

*\*To use the Digital Signature: Click the "pen tool" at the top of this window. If you don't already have a digital signature setup, Acrobat will prompt you to create one. Be sure to save the pdf after completing all fields and signature.*

Download and fill out or print to complete form. All completed forms must be sent to the **Foundation Office**, attention Angela Kerley. Email, Office Mail, or hand delivery are all acceptable forms of submission. If you have any questions about completing the form, please contact Angela (extension 8429, [angela.kerley@jalc.edu](mailto:angela.kerley@jalc.edu)).