



Ron Wimmer Student Care Fund

Payroll Deduction Election/Change/Cancel Form

New Change Cancel

TO CONTRIBUTE

Employee Name: _____
(Please print)

I authorize \$ _____ to be deducted from each of my paychecks, effective (date) _____ and deposited into the Ron Wimmer Student Care Fund.

I understand this payroll deduction will be ongoing until further notice, in writing, to the payroll department.

Signature: _____

Date: _____

TO CANCEL

I hereby cancel my deduction of \$ _____ from each of my paychecks effective (date) _____.

Signature: _____

Date: _____