



Foothill-De Anza  
Community College District  
Payroll Services Deduction Request



I, \_\_\_\_\_ authorize the Foothill-De Anza Community College District to deduct \$\_\_\_\_\_ per month (\$5 minimum) from my paycheck as a voluntary tax-deductible contribution to:

**APASA Scholarship**  
**DAAPASA01 – 844-412-551000**

Please start my deduction with paycheck dated \_\_\_\_\_ (month), \_\_\_\_\_ (year) until further notice.

Your Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Campus ID: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employee Status (Check One)**

- 12 Month     11 Month     10 Month     Part-time Faculty

Please return the complete form to:  
Foothill-De Anza Foundation  
12345 El Monte Road  
Los Altos Hills, CA 94022

*Must be received by the Foundation by the 15<sup>th</sup>  
in order to process for the current month.*

Questions? Please call the Foundation Office at 650-949-6230.  
Thank you very much for supporting our students and programs.

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*(For Foundation/Payroll staff use)*

**Foundation:**

- AGAPLDG \$\_\_\_\_\_ (annual pledge amount) Date: \_\_\_\_\_  
 Additional Pledge

**Payroll:**

- PEAFDDED (deduction code 825/gift type PD) Date: \_\_\_\_\_  
 Additional Pledge (must use another deduction code besides 825)