



# AVC Foundation Payroll Deduction Cancellation

## Faculty and Staff Payroll Deduction Cancellation

Please return this form to the AVC Foundation Office – Administration Bldg. Room 118

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Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I no longer wish to participate in the payroll deduction program. I hereby request and authorize Antelope Valley College to discontinue my monthly payroll deduction gift of \$ \_\_\_\_\_ designated to the following fund account:

\_\_\_\_\_

(Please list Foundation Fund to which you have donated)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your support of Antelope Valley College Students.*

