

**Foothill-De Anza  
Community College District**

**The African-American Network**

**Payroll Services Deduction Withholding Request**

I, \_\_\_\_\_ authorize the Foothill-De Anza  
Community College District to deduct as follows:

- Membership: \$ 5.00

**per month** from my paycheck as a contribution to:

**The African-American Network account #148121-4108**

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

Your name **(PLEASE PRINT)** \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number (last four digits) \_\_\_\_\_

Date \_\_\_\_\_

Please return the completed form to:

**The African-American Network**  
Foothill-De Anza Community College District  
12345 El Monte Road  
Los Altos Hills, CA 94022-4599

Thank you very much for supporting our students and activities.

-----  
(For Payroll Staff Use)

Date Received: \_\_\_\_\_ Deduction Code: \_\_\_\_\_

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_