



**LOUISIANA'S COMMUNITY & TECHNICAL COLLEGES**  
**EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM**  
*The Foundation for Louisiana's Community and Technical Colleges*

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

I hereby authorize my employer to deduct \$ \_\_\_\_\_ from my salary each pay period until further notice.

Bi-Weekly Deduction to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ .

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

THIS FORM SUPERCEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION.

Please apply \_\_\_\_% of my contribution to:

- \_\_\_ % - LCTCS Student Scholarship Fund
- \_\_\_ % - LCTCS Matching Grant Fund
- \_\_\_ % - LCTCS Unrestricted Fund (areas of greatest need)