



**MARICOPA COUNCIL ON BLACK AMERICAN AFFAIRS
MEMBERSHIP DUES
PAYROLL DEDUCTION AUTHORIZATION FORM**

Name _____ Campus _____
(Please print or type)

Employee ID# _____ Phone _____
(from your paystub)

Choose method of deduction below:

CEC, MAT & Faculty

PSA, M&O & Temporary

One deduction of \$80.00

One deduction of \$65.00

Two deductions of \$40.00

Two deductions of \$32.50

Four deductions of \$20.00

Four deductions of \$16.25

I hereby authorize the Maricopa County Community College District to deduct a total amount of \$ _____ in the increment(s) shown above for Maricopa Council on Black American Affairs membership dues. I understand that payroll deductions will carry over from year to year unless I submit a cancellation request in writing to the MCBAA Treasurer and the Payroll Department.

Signature

Date

***Send form to MCBAA Treasurer, Vashi Worley, Phoenix College, NOT Payroll ***

MCBAA Treasurer	MCCD Payroll
_____ Signature & Date	_____ Initial & Date
MCCCD is an EEO/AA institution	