



Payroll Deduction Authorization

YES, I WANT TO MAKE A DIFFERENCE!

I, _____, hereby authorize Northern Lakes College (NLC) to deduct the amount of \$_____ from my NLC income each pay period (semi-monthly), commencing on _____.
(effective date)

This authorization will remain in effect until the total gift amount of _____ has been reached, or until I give notification to Northern Lakes College, in writing, to cancel this payroll deduction authorization.

I would like my donation to go towards:

☐ Area of Greatest Need

☐ Scholarships / Bursaries (details):

☐ Facilities (details):

Employee Signature

Date

Office Use Only

ACCOUNT CODE: _____

DATE ENTERED (D.O.) _____

*This personal information is being collected under the authority of the Post-Secondary Learning Act, Section 65, and the Freedom of Information and Protection of Privacy Act, Section 33(c) and will be used to determine your eligibility for program(s) or service(s), manage your enrollment, and generate statistics and reports. It will be treated in accordance with the privacy provisions of **Part 2** of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Director, Human Resource Service by mail at Northern Lakes College, Slave Lake Campus, 1201 Main Street SE, Slave Lake, AB T0G 2A3 or by telephone at 1-780-849-8699.*

DATE ENTERED (H.R.) _____

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