



Payroll Deduction Authorization Form

Last Name

First Name

Middle Initial

Home Address (required)

City

State

Zip Code

Choose ONE Only:

- NEW Deduction ADDITIONAL Deduction
 REPLACEMENT for Existing Deduction Deduction CANCELLATION
- I do not wish to participate in the Learfield IMG College Family Fund

I wish to support Learfield IMG College employees and family members through The Learfield IMG College Family Fund (the "Fund"). I understand that this authorization for Payroll Deduction will remain in effect until employment separation, or the pledge is paid off or cancelled by me in writing.

I Authorize The Following Payroll Deduction:

- Monthly Deduction of \$ _____; until my Total Pledge of \$ _____ is fulfilled
~OR~
 Ongoing Payroll Deduction of \$ _____ per Month
~OR~
 One Time Deduction of \$ _____

I also authorize Learfield IMG College to remit, or otherwise transfer the above-listed amount(s) to The Learfield IMG College Family Fund. I understand that I may cancel this deduction at any time. I understand that this authorization shall remain in effect until revoked by me, allowing up to 3 days time to change the payroll records in order to make effective any changes in the deduction. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made.

I understand and further agree that neither Learfield IMG College nor any officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting payroll deductions to the Fund or for any change in the rules and regulations of the Fund, except for monies actually withheld and not transmitted.

In the event there are insufficient earnings to cover all required and authorized deductions, including those required by law, I understand that deductions will be taken in the order of priority assigned by Learfield IMG College.

Employee Signature (required)

Date

Please complete the above information and return this form to the following address:

Heather Holtschneider, Payroll Manager, hholtschneider@learfield.com, Fax: 573-298-6408