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## PAYROLL DEDUCTION AUTHORIZATION FORM

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Employee Name \_\_\_\_\_  
(PLEASE PRINT)

Employee ID Number \_\_\_\_\_ Site/Location \_\_\_\_\_

YOUR MONTHLY EDUCATION FOUNDATION DEDUCTION WILL AUTOMATICALLY ROLL OVER ANNUALLY.

**I authorize the Payroll Department to deduct the amount shown below each month:**

\$1 \_\_\_\_\_ \$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ Other (specify amount) \$ \_\_\_\_\_

I am making a one-time contribution of \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for your donation!*

**Please return this form to the Payroll Department**