



PAYROLL DEDUCTION AUTHORIZATION FORM
Montville Education Foundation, Inc.
P.O. Box 521, Uncasville, CT 06382



Complete this form to initiate, terminate, or change payroll deduction, and submit the completed form to your payroll office.

Employee Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Signature _____ School: _____

Please sign – contributions cannot be accepted without a signature.

Check the appropriate box.

Initiate payroll deduction Terminate payroll deduction Change payroll deduction

I wish to support the Montville Education Foundation, Inc. I understand that this authorization for Payroll Deduction will remain in effect for fiscal year 2015-2016, or until employment separation, or the pledge is paid off or cancelled by me in writing.

I Authorize The Following Payroll Deduction:

I want to contribute the following amount each pay period:

\$25 \$15 \$10 \$5 \$ _____

Total Payroll Deduction:

26 Payroll Deductions x \$ _____ = \$ _____ **Total Payroll Deduction**

*In order for the deduction to start at the beginning of the school year, please submit form to payroll by August 12, 2015.

FOR PAYROLL USE ONLY

Entered By: _____ Date: _____