



**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 2011-2012, 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, 2011.

**FOR PAYROLL USE ONLY**

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_