



The FOUNDATION
for the School District of the City of St. Charles

PAYROLL DEDUCTION ENROLLMENT FORM

The Foundation, funded by donations and gifts from the community and staffed by volunteers, sponsors educational programs to encourage classroom innovations that are not being funded with existing tax dollars to support our schools, our children, and our community.

Date: _____

First Name: _____ Last Name: _____

Employee ID #: _____ Location: _____

Circle Amount to be withheld from each semi-monthly paycheck (5th and 20th):

\$1 \$2 \$3 \$5 \$10 Other amount \$ _____

This authorization for withholding is effective beginning on the next regular 5th of the month payroll and will remain in effect until I notify the District business department in writing with my signature to stop or modify said withholding.

Signature: _____

Please return this form to Lavenia Draper in the Business Office.

For Business Office Use Only:

Date Received: _____ Activation Date: _____

Updated 9/12/18 LD