



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

Payroll Deduction Enrollment Form

Date: _____

First Name: _____ Last Name: _____

Employee ID #: _____ Location: _____

Circle Amount to be withheld from each semi-monthly paycheck:

\$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: _____