

SWEET HOME SCHOOL DISTRICT #55
1920 Long Street, Sweet Home, OR 97386

Payroll Deduction Request

I, _____ authorize the Sweet Home School District #55 to deduct the following amount from my monthly paycheck to be sent to the Sweet Home Alumni Foundation, P.O. Box 83, Sweet Home, Oregon 97386.

<input type="checkbox"/>	\$5.00	<input type="checkbox"/>	\$25.00
<input type="checkbox"/>	\$10.00	<input type="checkbox"/>	\$30.00
<input type="checkbox"/>	\$20.00	<input type="checkbox"/>	Other \$ _____

I understand that this payroll deduction will continue until cancelled by myself or my employment with Sweet Home School District #55 is terminated.

Signature

Date

Printed Name

Phone Number

Address

City/State/Zip

Please terminate this payroll deduction as of (date) _____.
Signature: _____ Date signed _____