



Employee ID # _____

Payroll Deduction Authorization Form

This authorization for payroll deduction will remain in effect each month and can be revoked at any time by contacting the Payroll Department.

Everett Public Schools Foundation

Our Mission: *That all students in Everett Public Schools have the programs and resources they need for success and well-being.*

The Everett Public Schools Foundation is pleased to offer the opportunity for staff of the Everett Public Schools to participate in a payroll deduction program to donate a set dollar amount monthly to the Foundation. Your donations will support staff and students in the district for vital programs such as Classroom Grants, Early Learning, Stuff the Bus for Kids, First Year Teacher Grants and so much more!

Print Name: _____
(Last Name) (First Name) (Middle Initial)

Employee Signature _____ Date _____

Effective date to start deduction _____
(Month) / (Year)

You can set up payroll deductions one or both options below.

**I authorize the Everett Public Schools to withhold the following monthly deduction for the
Everett Public Schools Foundation.**

\$10 \$25 \$50 \$100 per month

Other Amount \$ _____ per month.

**I authorize the Everett Public Schools to withhold the following monthly deduction for the
Robert C. Polk Memorial Athletic Scholarship.
(managed by the EPS Foundation)**

\$10 \$25 \$50 \$100 per month

Other Amount \$ _____ per month.

**Please return completed form to:
Payroll Office, Everett Public Schools**