



Payroll Deduction Authorization Form

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

Print ID and Name: _____ / _____
(Emp ID Number) (Last Name) (First Name) (Middle Initial)

Employee Signature _____ Date _____

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

***I authorize the Everett Public Schools to withhold
the monthly deduction as specified below***

Scholarship Name	\$ / month deduction	Payroll Use Only
Cascade High School Scholarship Fund	\$	#2750
Everett High School Scholarship Fund	\$	#2753
HM Jackson High School Scholarship Fund	\$	#2752
Sequoia High School Scholarship Fund	\$	#2754
Peggy Hancock Memorial Scholarship Fund	\$	#2751
Blue & Gold Booster Club	\$	#2741

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