



UTICA COMMUNITY SCHOOLS FOUNDATION FOR EDUCATIONAL EXCELLENCE Payroll Deduction Authorization Form

Employee Name: _____ Employee ID: _____

Email Address: _____ Phone: _____ Work Location: _____

Please Check the Appropriate Box(es):

General Donation

Deduction Amount (Please select one) Start Date: _____

Contribution of \$ _____ deducted from every paycheck

Contribution of \$ _____ deducted from one paycheck

Contribution of \$ _____ divided over _____ paychecks

Chelsea Bemis Teacher Grant Program Donation

Deduction Amount (Please select one) Start Date: _____

Contribution of \$ _____ deducted from every paycheck

Contribution of \$ _____ deducted from one paycheck

Contribution of \$ _____ divided over _____ paychecks

Century Club Donation

Deduction Amount (Please select one) Start Date: _____

Contribution of **\$ 250.00** deducted from one paycheck

Contribution of **\$ 250.00** divided over _____ paychecks

Employee Signature: _____ Date: _____

**Please return the completed form to the Payroll Department
Thank you for your contribution!**