

# Port Jervis Educational Foundation

*"Building a brighter future for the children of Port Jervis, one child at a time."*

## Payroll Deduction Plan for PJCS D Employees

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

School Building: \_\_\_\_\_

Telephone Number: \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

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## MAKE DONATION

I authorize the PJCS D to **deduct** the following amount per pay period for a donation to the Port Jervis Educational Foundation.

Amount \$ \_\_\_\_\_ per paycheck                      Effective Date: \_\_\_\_\_

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## CHANGE DONATION AMOUNT

I request the PJCS D **change** my payroll deduction to the Port Jervis Educational Foundation to the new amount listed below:

Amount \$ \_\_\_\_\_ per paycheck                      Effective Date: \_\_\_\_\_

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## STOP DONATION

I request the PJCS D **stop** making payroll deductions to the Port Jervis Educational Foundation from my paycheck.

Amount \$ \_\_\_\_\_ per paycheck                      Effective Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form to the payroll department in the business office.