

Ballston Spa Education Foundation

Payroll Deduction Form

To begin contributing to the Education Foundation, indicate the amount below:

\$10.00 \$7.50 \$5.00 \$2.50 \$1.00

Other amount per pay check \$ _____

Note: Deduction will be made from each bi-weekly payroll. Ten month employees receiving a balloon payment in June will have only one deduction in the amount above deducted from that pay.

Complete this section to change or cancel contributions:

Change my current contribution to the following amount: \$ _____

Cancel my current contribution

Note: Changes or cancelations will be effective within two payrolls of the date this form is received at the Payroll Office.

Contact Information: *Optional*

If you would like the Ballston Spa Education Foundation to be able to contact you directly with information about its activities, please provide the following information:

Home Address: _____

Home Telephone #: _____ Email: _____

I authorize the Ballston Spa Central School District to deduct the above amount per payroll period to be paid to the *"Ballston Spa Education Foundation"*

I understand that this deduction will continue at the amount designated above until such time I submit a request to change or cancel this deduction.

Print Name: _____

Signature: _____ Date: _____

Return this form to: Payroll, District Office, 70 Malta Avenue, Ballston Spa, NY 12020