

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.

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

Address: _____
(Street Address) (City) (State) (Zip)

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

Employee Signature: _____ Date: _____

I authorize the Everett School District to withhold the following monthly deduction for the organization named below:

Name of organization: _____

City: _____ State: _____

\$1 \$2 \$5 \$10 \$15 \$20 \$50 per month

Other \$ _____ per month

“No employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or for (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee;”

**Please return completed form to:
Everett Public Schools, Payroll Department
P.O. Box 2098, Everett, WA 98213**

Adopted: November 4, 2002
Updated: February 2012