

Payroll Deduction Authorization Form
MAUMEE SCHOOLS FOUNDATION

(PLEASE PRINT)

NAME _____

Social Security Number

HOME ADDRESS _____

City/State/Zip

BUILDING _____

I hereby authorize: (Please use full dollar amount)

\$ _____

To be withheld per pay period on a continuing basis for
"Maumee Schools Foundation" (charitable tax deduction)

I understand that termination is at my discretion.

Signature

Date