AUTHORIZATION FOR PAYROLL WITHHOLDING

I_____ authorize The City of St. Charles
Print First MI Last

School District to withhold $_____._____ each pay period from my payroll for contribution to The Foundation for The City of St. Charles School District. The above amount will be withheld from each semi-monthly paycheck. This authorization for withholding is effective beginning on the next regular 5th of the month payroll and will remain in effect until I notify the District benefits department in writing with my signature to stop or modify said withholding.

_____ _____/_____/_____
Signature Date

Return this form to the Benefits Department at the Administrative Center.

SCSDF 9/08