



**The** **FOUNDATION**  
**for the School District of the City of St. Charles**

**PAYROLL DEDUCTION ENROLLMENT FORM**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Location: \_\_\_\_\_

**Circle Amount to be withheld from each semi-monthly paycheck:**

**\$1   \$2   \$3   \$5   \$10   Other amount \$ \_\_\_\_\_**

This authorization for withholding is effective beginning on the next regular 5<sup>th</sup> of the month payroll and will remain in effect until I notify the District business department in writing with my signature to stop or modify said withholding.

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

**Please return this form to the Business Office.**

For Business Office Use Only:

Date Received: \_\_\_\_\_ Activation Date: \_\_\_\_\_