



Name: _____

ID #: _____

I, _____, wish to begin payroll deduction for The Paulding County Education Foundation each month in the amount of:

_____ \$5 _____ \$10 _____ \$15 _____ \$20 _____ Other

I understand that I am required to notify the payroll department in writing if I wish to change or cancel this payroll deduction. This notification **MUST** be received by the payroll department 10 days prior to the scheduled pay date.

Signature

Date