

PAYROLL DEDUCTION AUTHORIZATION

Please withhold the following amount from my payroll check on a monthly basis and remit to the Russellville City Schools Education Foundation. To stop a deduction, enter zero (\$0) for the dollar amount.

Monthly payroll deduction amount:	\$
Effective date of payroll donation:	
School Email Address:	
Signature of Employee:	
Date:	

PLEASE RETURN THIS FORM TO THE RCS PAYROLL DEPARTMENT.

Upon receipt of this form, you will be sent a link to request a one time gift as a thank you for your monthly donation.