



PAYROLL DEDUCTION FORM

I hereby authorize the Mount Vernon School District No. 320 to deduct the following amount from my monthly pay warrant in equal installments until such authorization is terminated by me. I understand that termination must be made in writing and submitted to the School District Payroll Office, 124 E. Lawrence Street, Mount Vernon, WA, 98273.

This deduction shall be forwarded to and for the benefit of the:

Mount Vernon Public Schools Foundation
a 501(c)(3) organization

Monthly Deduction Amount: _____

Employee Name Printed: _____

Employee Signature: _____

Date Authorized: _____

Amount per fund:

Donation designation:

Learning Enhancement Fund

Judy Rich Professional Development Fund

Thank you for your generosity!

Employee Information:

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Please submit this form to:

Mount Vernon School District, Payroll Department
124 E. Lawrence St., Mount Vernon, WA 98273
360-428-6110