

The Schenectady City School District

Food Back Program

PAYROLL DEDUCTION AUTHORIZATION

I, _____, authorize deduction from my gross earnings for the Schenectady City School District Food Backpack Program IN THE AMOUNT OF **(Please specify)**

\$5.00 per pay period \$10.00 per pay period \$20.00 per pay period other \$_____

This amount is to be deducted each payroll period beginning ____/____/____.

Print Name _____

Signature _____

Date _____

School _____

Please send the completed Payroll Deduction form to the Payroll Office @ Mont Pleasant. You may also scan the completed form to Payroll. Your contributions are tax-deductible.

For Office Use Only:

Received By:

Payroll Office at Central Office

Processed By: _____ **Initials** _____ **Date** _____