

Port Jervis Educational Foundation

"Building a brighter future for the children of Port Jervis, one child at a time."

Payroll Deduction Plan for PJCS D Employees

Name: _____

Home Address: _____

City, State and Zip: _____

School Building: _____

Telephone Number: ____ / ____ - ____

Email Address _____

MAKE DONATION

I authorize the PJCS D to **deduct** the following amount per pay period for a donation to the Port Jervis Educational Foundation.

Amount \$ _____ per paycheck Effective Date: _____

CHANGE DONATION AMOUNT

I request the PJCS D **change** my payroll deduction to the Port Jervis Educational Foundation to the new amount listed below:

Amount \$ _____ per paycheck Effective Date: _____

STOP DONATION

I request the PJCS D **stop** making payroll deductions to the Port Jervis Educational Foundation from my paycheck.

Amount \$ _____ per paycheck Effective Date: _____

Signature: _____ Date: _____

Please send this form to the payroll department in the business office.