



Centennial School District Employee Payroll Deduction Authorization

Name _____

Please deduct \$_____ from my pay each month to be donated to the Centennial Educational Foundation. I understand the deduction will begin with my next paycheck and will continue until the Payroll office receives a written notice from me to stop or change the amount.

Employee
signature _____

ID# _____ Date _____

Complete form and return to the Payroll Dept. @ the District Office.