



**DESIGNATION & PAYROLL
DEDUCTION AUTHORIZATION**

EMPLOYEE ID NUMBER OR
THE LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

Deduction Amount Per Pay Period: (Place X Below)

- \$1.00 \$3.00
 \$5.00 Other _____

To the Board of Education:

I hereby authorize you according to arrangements agreed upon with the above organization, the Greece Education Foundation (GEF), to deduct from my salary and transmit to the GEF the amount indicated above. I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the Board of Education and all its officers from any liability therefore. I revoke any and all instruments heretofore made by me for such purposes while I am employed in this school system, or until revoked by me in writing.

AUTHORIZED SIGNATURE

DATE

THANK YOU!



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