

SCHOOL DISTRICT OF CHELTENHAM TOWNSHIP

ADMINISTRATION BUILDING

2000 Ashbourne Road • Elkins Park, PA 19027-1100 • 215-886-9500 • Fax: 215-884-6929

Authorization for Payroll Deductions

Employee Name: _____

Employee ID or SSN #: _____

I hereby authorize the School District of Cheltenham Township Board of Education to deduct:

_____ Donations/Contributions in the following amount to the
Cheltenham School District Foundation

Amount to be deducted: _____ per pay

I, the undersigned, understand that this payroll deduction will remain in effect until such time that I notify the School District of Cheltenham Township Payroll Office in writing that the amount is changed or the deduction discontinued.

Signature

Date