CLAY EDUCATION FOUNDATION

Employee Payroll Deduction Application Form

Name:_____

Social Security #: XXX – XX - _____ (Last Four Only)

Address:_____

City:_____ State:___ Zip:_____

School/Dept:_____

Position/Title:_____

Check amount to be deducted per pay period:

(   ) $1   (   ) $2   (   ) $3   (   ) $5   (   ) $10

(   ) Other:Specify Amount $ _____

Deduction to begin on: _____(pay date)

OR

Begin on next pay date (   )

Signature:_____

Send Via County Mail or Regular Mail to:

Payroll Department
900 Walnut Street
Green Cove Springs, FL 32043