



Monroe County Education Foundation

Payroll Deduction Authorization Form

Name: _____

Address: _____

MCSD School/Center: _____

MCSD EIN¹: _____

I authorize my employer to deduct the following amount from my paycheck each pay period:

\$1.00 \$2.00 \$5.00 \$10.00 Other \$ _____

Signature: _____

Date: _____

Your donation to Monroe County Education Foundation is **tax deductible** and **matched by the State**. Please save the document and attach it to an email to Payroll@keysschools.com or click the Submit button below.

SUBMIT

¹ Employee ID Number