

**LAKE TAHOE UNIFIED SCHOOL DISTRICT**

1021 Al Tahoe Blvd.  
South Lake Tahoe, CA 96150-4502

PAYROLL DEDUCTION AUTHORIZATION FORM

**# 0570 LAKE TAHOE EDUCATIONAL FOUNDATION**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

Employee # \_\_\_\_\_

**ENROLL:**

Please accept this form as my authorization to deduct \$ \_\_\_\_\_ per month from my paychecks as a voluntary deduction to be submitted only to the *Lake Tahoe Educational Foundation*.

I understand this deduction will be active on each of my regular salary checks, effective \_\_\_\_\_, and will continue until I change or cancel my request in writing.

**CHANGE:**

Please change my current deduction amount to \$ \_\_\_\_\_ per month.

I understand this deduction will be active on each of my regular salary checks, effective \_\_\_\_\_, and will continue until I change or cancel my request in writing.

**CANCEL:**

Please CANCEL my deduction, effective \_\_\_\_\_.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

- NOTES:** 1) If you are currently contributing to the foundation, you should NOT submit another form unless you want to change or cancel the deduction.  
2) If you are changing your deduction amount, please enter the FULL NEW AMOUNT of your deduction above. This form will REPLACE any prior authorization you have on file.