

LAKE TAHOE UNIFIED SCHOOL DISTRICT

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

PAYROLL DEDUCTION AUTHORIZATION FORM

3225 STEA SCHOLARSHIP FUND

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 *STEA Scholarship Fund*.
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 this fund, 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.