



# Employee Payroll Deduction Application Form

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

School/Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Check amount to be deducted per pay period:

\$1       \$2       \$3       \$4       \$5

Deduction to begin on: \_\_\_\_\_ (pay date)

Signature: \_\_\_\_\_

*Print this form & send it, via the county mail, to the Clay County Education Foundation Office ~ Attention: Darlene Mahla (900 Walnut Street, Green Cove Springs, Florida 32043)*