



**The FOUNDATION**  
**for the School District of the City of St. Charles**

**PAYROLL DEDUCTION ENROLLMENT FORM**

The Foundation, funded by donations and gifts from the community and staffed by volunteers, sponsors educational programs to encourage classroom innovations that are not being funded with existing tax dollars to support our schools, our children, and our community.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Location: \_\_\_\_\_

**Circle Amount to be withheld from each semi-monthly paycheck (5<sup>th</sup> and 20<sup>th</sup>):**

**\$1    \$2    \$3    \$5    \$10    Other amount \$ \_\_\_\_\_**

This authorization for withholding is effective beginning on the next regular 5<sup>th</sup> of the month payroll and will remain in effect until I notify the District business department in writing with my signature to stop or modify said withholding.

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

**Please return this form to Tina Adams in the Business Office.**

For Business Office Use Only:

Date Received: \_\_\_\_\_ Activation Date: \_\_\_\_\_

Updated 11/20/23 JJ