



McLean County Unit District 5
Business Office



Authorization for Payroll Deductions

I hereby authorize the McLean County Unit 5 School District to deduct the amount indicated below from each of my paychecks until further notice, and I direct the School District to remit the amounts withheld to the organization named below.

Amount to be Withheld \$ _____

Recipient: Beyond the Books Educational Foundation

Type of Deduction: Charitable Contribution

Employee Name: _____

Employee Social Security Number (last 4 digits): XXX-XX-_____

Signature

Date

Please return the completed form to the Business Office, attention Payroll Administrator