

Iowa City Community School District Foundation Payroll Deduction Authorization

ICCSD Employee Name _____
Last name First name Middle Initial

I hereby authorize the Board of Directors of the Iowa City Community School District to withhold from my school district salary the following:

\$_____ each month (minimum \$5 per month), effective with my
paycheck dated _____.
(month/year)

I would like to share recognition for this gift with my spouse/significant other:

Name _____
(Print your name(s) as you would like to be listed in our annual honor roll.)

Address _____

City/State/Zip _____

Phone _____ Email _____

I reserve the right to revoke this authorization in writing at any time.

Employee Signature

Date



509 S. Dubuque St., Iowa City, IA 52240
Phone (319) 688-1012 Fax (310)688-1013