



Payroll Deduction Authorization

ICCSFD 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 _____ and ending with my paycheck dated _____
(month/year) (month/year)

for a total gift of \$ _____.

Please designate my gift to: _____
(Designate how you would like your gift to be used.)

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)

Return this completed form to the ICCSD Foundation office at the CAO via campus mail or send/fax to the address below. Thank you for your support!



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