

**Amherst Exempted Village School District
Payroll Authorization Agreement Form
Recurring Donation to Support the Amherst Teachers' Association Scholarship**

Employee Information:

Name: _____

Contact Number: _____

Email Address: _____

Donation Authorization

I hereby authorize the Amherst Exempted Village School District to deduct the following amount from my paycheck each pay period as a recurring donation to support the Amherst Teachers' Association Scholarship:

Donation Amount per Pay Period (Please check one):

____ \$0.50 ____ \$1.00 ____ \$2.00 ____ Other \$ _____

Start Date: _____

Agreement:

I understand that this authorization will remain in effect until I provide written notice of cancellation to the Amherst Exempted Village School District treasurer's office. I acknowledge that deductions will be made according to the payroll schedule, and I agree to notify the payroll department of any changes or corrections to my information.

Signature and Date:

Employee Signature: _____

Date: _____