



Hickman Mills C-1 School District
Payroll Deduction Authorization
for the
Hickman Mills Educational Foundation

Name: _____

Social Security Number: _____

Building/Department: _____

Home Address: _____

City/State/Zip: _____

Please specify amount to be deducted **PER PAY PERIOD.** ___\$1 ___\$2.50 ___\$5 ___Other

*Cancellations or changes may be requested at any time.

Please allow two pay periods from the date the Hickman Mills Educational Foundation receives your authorization for change or cancellation.

I hereby authorize the Hickman Mills C-1 School District to deduct the above indicated amount from each of my semi-monthly paychecks. The school district is authorized by me to remit to the Hickman Mills Educational Foundation the amount deducted. My authorization continues unless cancelled or revised by me in the writing or upon termination of my employment.

Signature _____ Date _____

Please return to Hickman Mills Educational Foundation-Central Office 316-7042

Forward one copy to the Ad Center, Director of HM Educational Foundation. Retain one copy for your records.