

**OKALOOSA PUBLIC SCHOOLS FOUNDATION, INC.
PAYROLL DEDUCTION AUTHORIZATION**

NAME

SOCIAL SECURITY NUMBER

SCHOOL/DEPARTMENT

JOB TITLE

MEMBERSHIP AND ADDITIONAL CONTRIBUTIONS

The annual contribution you authorize below will be deducted from your payroll check in monthly installments.

MEMBERSHIP

_____ School District of Okaloosa County Employee Membership \$12.00 per year
(Monthly deductions will be \$1 per month for 12 month employees
and \$1.20 for 10 month employees.)

TOTAL CONTRIBUTION

Total annual Contribution \$_____.

ADDITIONAL CONTRIBUTION

_____ I wish to contribute \$_____ in addition to the membership fee.

TO: PERSONNEL DEPARTMENT
SCHOOL DISTRICT OF OKALOOSA COUNTY

I hereby authorize the School District of Okaloosa County to deduct from my salary and transmit to the Okaloosa Public Schools Foundation, Inc. contributions noted above. I hereby waive all rights and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the School Board and all its officers from any liability thereof. This authority shall remain in full force and effect for all purposes for the duration of this agreement, or until revoked by me in writing upon 30 days written notice to the School District's Personnel Department. Contributions or gifts to the OPSF are tax deductible. Internal Revenue ID #59-3295821.

Date

Employee Signature