

PAYROLL DEDUCTION FORM

I hereby authorize the payroll deduction of the following amount to be removed each pay period:

\$2	\$5	\$10	Other
		Signa	ature
		Print	ted
		Date	2

Please either email a scanned copy of this form to: pecorarok@foxc6.org; or

Mail via USPS to:

Fox C-6 Central Office 745 Jeffco Blvd. Arnold, MO 63010 Attn: Payroll department