

# *CAMPUS CLOSET*

## *PAYROLL DEDUCTION AUTHORIZATION*

**EMPLOYER:**

Grants Pass School District 7  
725 NE Dean Drive  
Grants Pass OR 97526

**EMPLOYEE:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Last 4 digits-Social Security #      Telephone #  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State Zip

PAYROLL DEDUCTION (Recurring Monthly)

I would like to donate to **CAMPUS CLOSET** a gift of:

\$ \_\_\_\_\_ per paycheck, effective \_\_\_\_\_.  
(Date)

Date \_\_\_\_\_ Signature \_\_\_\_\_

PAYROLL DEDUCTION

I would like to make a **one-time** donation of:

\$ \_\_\_\_\_ from my \_\_\_\_\_ paycheck.  
(Month)

Date \_\_\_\_\_ Signature \_\_\_\_\_

All donated monies will be forwarded to:

GRANTS PASS COUNCIL  
c/o PTA @ North Middle School  
1725 NW Highland Ave.  
Grants Pass OR 97526

To begin deduction for the current pay period, this form must be received in the District Payroll Office no later than the 15<sup>th</sup> of the month. The recurring monthly donation designation will remain in effect until the Employee terminates the arrangement by submitting a request in writing to the payroll department.