

# **PAY OPTIONS FOR TEACHERS**

\_\_\_\_\_ I would like to receive my contract payments  
through August 31.  
(24 checks if full contract year)

\_\_\_\_\_ I would like to receive my contract payments  
through June 30.  
(20 checks if full contract year)

**I understand that the method of payment I have  
checked will continue unless I notify the Business Office  
in writing by August 1 of the next contract year.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature (Required)**