



Springfield Education Foundation
PO Box 663 • Springfield OR • 97477
541-726-3243
541-726-9555 fax
ronnel@springfielddeductionfoundation.org

MONTHLY DONOR AUTHORIZATION FORM SPRINGFIELD PUBLIC SCHOOLS PAYROLL DEDUCTION

Please Print.

Date: _____

Name: _____

For: Authorization Agreements for Monthly Donations via SPS Payroll

I authorize Springfield Public Schools to withdrawal

\$_____ a month from my payroll

to support _____ (SEF, school or program of your choice)

to the Springfield Education Foundation.

This authorization is to remain in effect until the Springfield Education Foundation has received written notification from me to terminate. I will allow for sufficient time for the Springfield Education Foundation a reasonable opportunity to stop payments.

I am aware to change the date, amount or skip a monthly donation I will contact the Springfield Education Foundation five working days before the scheduled entry date.

Signature _____