



Alba-Golden ISD Education Foundation

Employee Authorized Payroll Deduction Form

Employee Name

Street Address

City

State

Zip

- I authorize Alba-Golden Independent School District to deduct \$ _____ per month from my payroll check beginning _____, 20____ to be distributed to the Alba-Golden ISD Education Foundation.
- I authorize Alba-Golden Independent School District to make a one time deduction of \$ _____ from my payroll check on _____, 20____ to be distributed to the Alba-Golden ISD Education Foundation.
- I want my donations to be anonymous and not listed online.

I understand that this payroll deduction will be in effect until I direct otherwise in writing.

Signature

Date

UPON COMPLETION PLEASE EMAIL FORM TO YOUR PAYROLL DEPT: bowdenj@agisd.org