

Detach Here

REQUEST FOR PAYROLL DEDUCTION FORM

Mail: Ed Fund, 1400 Marina Way South, Richmond, CA 94804

Email: info@EdFundWest.org

I, _____, hereby request and authorize the West Contra Costa Unified School District, to deduct \$____.00 per month from my salary, as a contribution to the Ed Fund (The West Contra Costa Public Education Fund) through the Buck-a-Month Payroll Deduction Plan, beginning with _____ payroll.
Month/year

Print Employee Name

Employee ID Number

Signature of Employee

Date

School

Employee Home Address

Preferred Email

Signature