**WEA Scholarship Payroll Deduction Authorization**

I hereby direct my employer to deduct from my earnings, consistent with the method of continuing payroll deduction authorized and local policy, the amount specified below per pay period for contribution to the Wilmington Education Association Scholarship fund. The continuing deduction of said contribution will continue from year to year until I request that my employer discontinue or modify said deduction.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contribution to scholarship fund PER PAY $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One copy of this form will be returned to the member, one copy will be kept with WEA records, and one copy will be submitted to the treasurer of Wilmington City Schools.

**Deadline for enrolling in this payroll deduction is September 30.**