



St. Francis Xavier Catholic School System, Inc.

Payroll Withdrawal Authorization

I hereby authorize St. Francis Xavier Catholic School System, Inc. to withdraw \$ _____ from my semi-monthly paycheck beginning ____/____/____.

Please complete the distribution:

- \$ _____ Donation to the St. Francis Xavier Fund: **Greatest Need (SFXGN)**
- \$ _____ Donation to the St. Francis Xavier Fund: **Academics & Technology (SFXTE)**
- \$ _____ Donation to the St. Francis Xavier Fund: **Fine Arts (SFXFA)**
- \$ _____ Donation to the St. Francis Xavier Fund: **Tuition Assistance (SFXTA)**
- \$ _____ Donation to the St. Francis Xavier Catholic Schools Foundation: **System Scholarship Fund (GIF)**

\$ _____ **Tuition** payment for (indicate family name) _____

Please check one of the following termination options:

I direct that this payroll withdrawal should remain in effect until I revoke it by giving 15 days written notice to the St. Francis Xavier Human Resources department.

I direct that this payroll withdrawal should end on ____/____/____ or until the withdrawal amount equals \$ _____, whichever is first.

I understand that this payroll withdrawal will not occur in a pay period in which I do not receive sufficient payroll, net of taxes, to cover the amount and it will end at such time as my employment with St. Francis Xavier ends.

Employee Signature

Date

Print Name

***** This form must be returned to the Human Resources Department within 15 days of its intended effective date. *****

Office Use Only:	_____ Withdrawal Start Date	_____ Keyed to Paylocity
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