

VACAVILLE UNIFIED SCHOOL DISTRICT AUTHORIZATION FOR PAYROLL DEDUCTION

Payroll Deduction Authorization
For V.T.A. Scholarship Fund #2018-0

The Vacaville Unified School District is authorized to withhold \$_____ per month from my payroll warrant for the purpose stated above. This deduction will remain in effect until revoked by me in writing.

Print Name _____

School Site _____

Signature _____

Date ____/____/____

Note: the minimum monthly amount to be withheld by payroll deduction is \$1.00.