

**TREDYFFRIN/EASTTOWN SCHOOL DISTRICT**

738 First Avenue, Berwyn, PA 19312-1779 610-240-1990

**APPLICATION AND AGREEMENT FOR PAYROLL DEDUCTION FOR FOUNDATION FOR LEARNING IN  
TREDYFFRIN/EASTTOWN (FLITE)**

Agreement between the Tredyffrin/Easttown School District ("T/E") and  
\_\_\_\_\_ ("Employee") for Payroll Deduction

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, the Employee listed above, authorize the Tredyffrin/Easttown School District to make the following payroll deduction from my paycheck on behalf of the FOUNDATION FOR LEARNING IN TREDYFFRIN/EASTTOWN (FLITE):

Payroll deduction per pay period: \$ \_\_\_\_\_ dollar(s)

Signed by Employee \_\_\_\_\_ Date \_\_\_\_\_

*PLEASE RETURN THIS FORM TO THE PAYROLL DEPARTMENT UPON COMPLETION.*