

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.