

PCSB EMPLOYEE AUTHORIZATION FORM AUTOMATIC WITHDRAWAL

PreK Services - 4 year Olds

School Year: 2018-19



Authorization Agreement

I hereby authorize the **School Board of Polk County, Bartow, Florida** to initiate automatic monthly payments for PreK Services in the Polk Schools Preschool Program.

This authorization/agreement will remain in effect for the school year 2018-2019 or until withdrawn via a written notice of cancellation from me with 30 days prior to final payment.

If for any reason my employment with Polk County Schools is terminated, any outstanding payments will be deducted from my final paycheck. ***If I cancel my PreK services, this does not negate my obligation of fees due.***

Payment Action:

SELECT ONE: ()

SELECTION	PERIOD	PAYMENTS	TOTAL AMOUNT DUE with VPK Certificate
<input type="checkbox"/>	August 2018 - May 2019	10 payments @ \$216.00	\$2,160.00
<input type="checkbox"/>	August - December 2018	5 payments @ \$432.00	\$2,160.00

Employment Information:

Employee Last Name: _____	Employee First Name: _____	SAP # _____
Work Location: _____		
Child's Name: _____	Child's School: _____	

Employee Signature

Date

For Payroll Use Only

Pre-K Program

Wage Type: **8PA0**