

**STILLWATER PUBLIC SCHOOLS**

**2024-25**

**PAYROLL DEDUCTION AUTHORIZATION FORM**

**Benefiting**



NAME (Please Print): \_\_\_\_\_

SCHOOL SITE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MONTHLY DEDUCTION AMOUNT: \$ \_\_\_\_\_

TOTAL GIFT AMOUNT PER YEAR: \$ \_\_\_\_\_

(Must be divisible by 12)

I understand this form authorizes Stillwater Public Schools Payroll Dept. to withhold from my salary and/or wages the designated amount per month for a 12-month period, beginning with the September 2024 payroll cycle. My donation is to benefit the programs of the Stillwater Public Education Foundation. I also understand that should I sign up for the deduction after the September 30 pay date, deductions will be made for the remaining months thereafter.

**THANK YOU FOR YOUR TAX-DEDUCTIBLE DONATION!**

*Stillwater Public Education Foundation is a 501(c)(3) non-profit foundation.  
(A receipt will be provided to you at the end of each calendar year.)*

\_\_\_\_\_  
AUTHORIZATION SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE FORWARD COMPLETED FORM BY FRIDAY, SEPTEMBER 15, 2024 TO:**

**SPS PAYROLL DEPT, SPS ADMINISTRATION BUILDING,  
314 S. Lewis, Stillwater OK 74074**

**For questions, contact either of the following:**

**SPS Payroll, Desiree Burnsed, x5033 or [dburnsed@stillwaterschools.com](mailto:dburnsed@stillwaterschools.com)  
SPEF, Emily Lewis, x5006 or [spef@stillwaterschools.com](mailto:spef@stillwaterschools.com)**