



NINE MILE FALLS SCHOOL DISTRICT 325/179

10110 West Charles Road, Nine Mile Falls, WA 99026
(509) 340-4300 FAX (509) 340-4301
Brian Talbott, Superintendent

To: Nine Mile Falls School District Payroll Office
From: Participating Employee

I hereby authorize the Nine Mile Falls School District to deduct from my wages each month \$ _____ plus Washington State sales tax for payment of dues to **North Park Racquet & Athletic Club**. The grand total is \$ _____.

This deduction will continue for at least one (1) year. A written and signed revocation must be submitted to the payroll office to cancel after the completion of one (1) year.

All authorizations are due in the payroll office before the 10th of the month in order to be included on that month's payroll.

Date

Signature

Please Print Name Here

MISSION STATEMENT

The Nine Mile Falls School District, in cooperation with the community, is committed to serving each student. We will educate, challenge, and equip each student to realize hi/her potential and become a life-long learner who is a contributing member of society.