THINK LEARN BE
MORE
TOGETHER

POCATELLO/CHUBBUCK SCHOOL DISTRICT 25

LEARNING TODAY FOR THE POSSIBILITIES OF TOMORROW

<u>DEDUCTION CHANGE AUTHORIZATION FORM</u>

Employee Name: _____ Employee SSN / ID: _____

I request that my payroll deduction for _____
                                        (Company Name)

be ☐ Stopped,

be ☐ Started with a deduction amount of $_____ each pay period,

or be ☐ Reduced / Increased from $_____ to $_____,
                                 (Old Amount)   (New Amount)

effective _____.
                    (Date)

_____   _____
Employee Signature   Date

Revision Date: 9/25/2018