

Employee Name: _____ Effective Pay Date: _____

PAYROLL DEDUCTION AUTHORIZATION FORM

All deductions are entered as the amount you wish deducted **each month** and based on the number of regular paychecks you receive in a school year. Deductions may be 9 or 12 months. You may be responsible for any months there were no deductions from your paycheck, i.e. summer months, late enrollments or teacher 10 pay contracts.

The form is not for Direct Deposit – please utilize the Direct Deposit form for any banking information.

This form is not for pre-tax 403b products – please request the appropriate form.

MONTHLY – payroll deductions (after taxes)

School Dist 6 Scholarship fund	\$ _____
The Wave	\$ _____
Travelers PIP Insurance (auto & home)	\$ _____
Horace Mann (insurance)	\$ _____

Misc. Instructions _____

I hereby authorize you to make the following deductions from my salary each pay period. I further understand this must be received by the Payroll Clerk by the last day of the month preceding the effective pay date.

Employee Signature: _____ Date Signed: _____