



Payroll Deduction Authorization Form

Date: _____

Effective Date: _____

Employee Name: _____

Employee Last 4 SS# _____

Type of Deduction	Total Amount	Amount per pay period
HSA		
403b		
AFLAC		
Vision Fam or Sgl buy up		
RV Education Foundation		

I hereby authorize River Valley School District to make the above deductions from my pay in accordance with the above terms. I further understand and agree that deductions will be made after any mandatory taxes as well as for any employer programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Employee Signature: _____

Date: _____