



AMITY SCHOOL DISTRICT

Payroll & Salary Deduction Agreement for 2023-2024

Payroll Deposit: I request that the following deductions be made from my salary:

☐ Payroll Direct Deposit (*fill out form on the back)

☐ Same as Last Year – Initial Here _____ (sign below and return)

**If you are new to direct deposit, please fill out the back of the form.*

**If you already have direct deposit, please sign the bottom of the form.*

SALARY DEDUCTIONS:

Please note: Cafeteria Plan deductions will remain in force until the December election period.

Medical/Dental Insurance Premiums: _____ Pre-tax _____ Post-tax

Please withhold monthly payments for my medical and dental insurance, if this applies.

IMPORTANT NOTICE: YOUR 'OUT OF POCKET' PREMIUM WILL BE WITHHELD ON A PRETAX BASIS UNLESS YOU NOTIFY THE DISTRICT OFFICE OF THE INTENTION 'IN WRITING BY SEPTEMBER 6, 2023.

All Staff (Optional additional donation)

\$_____ Tax Deductible donation to Amity School District Foundation for _____ month(s).

Please withhold the above noted deductions from my monthly payroll.

Signature Name

Date

Printed Name



DIRECT DEPOSIT FORM

Authorization for Automatic Payroll Deposits

I hereby authorize AMITY SCHOOL DISTRICT 4J to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

Select One: ☐ Checking Account ☐ Savings Account

indicated below and the depository name below to credit and/or the entries to such account.

This authority is to remain in full force and effect until AMITY SCHOOL DISTRICT 4J has received written notification from me of its termination in such time and in such manner as to afford AMITY SCHOOL DISTRICT 4J and DEPOSITORY a responsible opportunity to act on it.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Please note: The next paycheck will be an actual check while the direct deposit goes through a verification process with the bank.

*****Bring Voided Check or Deposit Slip to the District Office*****