

**Tri-Valley Local Schools**

**Payroll Deduction Authorization Form**

**403(b) Pre-Tax Deduction**

Name: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

403(b) Provider: \_\_\_\_\_

403(b) Account #: \_\_\_\_\_

Per Pay Deduction Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_