



Authorization to Stop Payroll Deduction(s)

Donna Independent School District

Business & Finance/Attn: Payroll Department

116 N. 10th Street Donna, Texas 78537

Employee Name: _____

Employee ID: _____

Campus/Department: _____

Monthly __ Biweekly __

I am authorizing Donna ISD Payroll Department to stop the following payroll deduction(s):

Deduction		Effective Date
___ Administrator's Scholarship	\$ _____	_____
___ ATPE	\$ _____	_____
___ Employee Emergency Foundation	\$ _____	_____
___ Prepaid Legal Insurance	\$ _____	_____
___ Texas Classroom Teachers Association	\$ _____	_____
___ TIVA	\$ _____	_____
___ Texas State Teachers Association	\$ _____	_____
___ Texas AFT AMP	\$ _____	_____
___ Other	\$ _____	_____
___ Other	\$ _____	_____
___ Other	\$ _____	_____
___ Other	\$ _____	_____

Please complete all applicable information and return the signed form to the Payroll Department.

Employee Signature

Date

Revised: December 3, 2024 R.A.