

# Barre Unified Union School District Equalized Paycheck Payroll Deduction Emergency Withdrawal Application

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_

☐ I authorize BUUSD Business Office to disburse \$\_\_\_\_\_ to me from my Employee Savings Plan. I understand that these funds will be disbursed to me provided I have submitted this form at least 5 days prior to the regularly scheduled payroll. These funds will be ready for pick up at the BUUSD Office on the Friday of payroll.

☐ I request that my deductions be discontinued for the remainder of the school year.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BUUSD Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_