



BLUFFTON HARRISON MSD

805 E HARRISON ST
BLUFFTON, IN 46714

TIGER TOTS Infant/Toddler Childcare Voluntary Payroll Deduction Authorization

Employee Information

- Employee Name: _____
- Employee ID/SSN: _____

I, _____ (Employee), hereby authorize **Bluffton Harrison MSD** (Employer) to deduct from my earnings for the purpose of paying childcare expenses:

- Amount to Deduct: \$_____ Bi-Weekly
- Effective Date: _____
- Deduction Purpose: Childcare Tuition/Dependent Care Expense.

Terms of Authorization

1. This deduction is voluntary and is not a condition of my employment.
2. I may revoke this authorization at any time by providing written notice to my employer.
3. This authorization is in compliance with IC 22-2-6-2 (Indiana Law).
4. I agree that my bi-weekly pay will be reduced by the amount indicated above.

- Employee Signature: _____ Date: _____
- Employer Representative: _____ Date: _____

**Return this form to the Central Office