



AUTHORIZATION
FOR VOLUNTARY PAYROLL DEDUCTION
Child Nutrition Department
SY 2026-2027

I, _____ hereby voluntarily authorize Tarkington ISD to
(Print employee's name)
deduct from my wages and the funds be transferred to my TISD meal account. The sum
of \$ _____ each pay period beginning August 25, 2026 and ending June 25, 2027. I
understand that there will be no drafts made during the months of July or August.
Should my meal account have a positive balance at the conclusion of the school year I
have the option to submit a written request to withdraw the funds or to remain available
for the next school year.

In the event my employment ends for any reason the only final deduction will be in the
event that I have incurred a negative balance.

(Employee's Signature)

(Date signed)

Staff who wish to cease payroll deductions for their meal account must complete the Payroll Deduction
opt out form provided by the Child Nutrition Department.

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