

PAYROLL DEDUCTION AGREEMENT FORM

Date: _____

Name: _____ Home Phone: _____

Address: _____ Mailing Address _____ Work Phone: _____

City _____ State _____ Zip Code _____ Cell Phone: _____

Email Address: _____

I, _____ SS# _____

authorize _____ ISD to deduct \$ _____ for

_____ months from my payroll beginning in _____ of _____
(month) (year)

for a total of payments equaling \$ _____.

Employee Signature

Date

Director of Finance Signature

Date