DEDUCTION AUTHORIZATION FORM

I, (EMPLOYEE NAME) _____, AUTHORIZE EAST

JACKSON COMMUNITY SCHOOLS TO DEDUCT (AMOUNT)$_____.___

FOR (NAME OF DEDUCTION)_____ FROM MY

PAYCHECKS BEGINNING (DATE)_____ AND ENDING

(DATE)_____, THEN FORWARD THE AMOUNT

APPROPRIATELY.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY

ANY OTHER INVOLVED PARTIES OF THIS CHANGE AND

COMPLETE ADDITIONAL PAPERWORK, IF REQUESTED.

_____   _____

Signature   Date