

**PAYROLL DEDUCTION
NEW**

DATE

EMPLOYEE'S NAME

EMPLOYEE'S SOCIAL SECURITY #

I hereby authorize the Payroll Department of Gilmer
Independent School District

to deduct the amount of \$_____ from
my salary

each month. This deduction will remain in force until
changed or revoked in

writing.

NAME AND MAILING ADDRESS OF ORGANIZATION FOR WHICH THIS
MONEY IS TO BE FORWARDED:

EFFECTIVE DATE

EMPLOYEE'S SIGNATURE