



Alachua County Public Schools
Payroll Deduction Authorization

Vendor Company name or Deduction Name

CDH #: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

School/Department: \_\_\_\_\_ 20 checks [ ] 24 checks [ ]

Contact Number: \_\_\_\_\_

Choose one of the following:

New [ ] Deduction Amount (per pay check) \_\_\_\_\_

Change [ ] Payday to Start: \_\_\_\_\_

Cancel [ ] Payday to Stop: \_\_\_\_\_

\*\*\*\*\*I

I understand this deduction will continue until I submit a written CANCELLATION REQUEST to the Payroll office.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do not use this form for tax shelter annuity's. Please contact the Payroll Department for that form.