

CUBA INDEPENDENT SCHOOLS

"VOLUNTARY" PAYROLL DEDUCTION AUTHORIZATION

NOTE: All voluntary deductions are the employee's responsibility. Payroll Dept. will deduct and pay on your behalf as authorized.

I, _____ authorize Cuba Independent School
(Employee's Name & SSN)

Payroll Department to _____ my deduction/benefit to the
(Deduct/Increase/Decrease/Cancel)

_____ in the amount of
(Name & Address of Deduction)

\$ _____ (Please indicate the monthly deduction).

Start Deduction/Benefit on (Date): _____

End Deduction/Benefit on (Date): _____

I hereby certify that the above information is correct and due to the appropriate entity on my behalf.

Name of Employee

Date

Date of Entry into Payroll: _____

Initial By: _____