

AUTHORIZATION
FOR VOLUNTARY PAYROLL DEDUCTION

[Fill out the form, print, sign, and return the form to the VISD business office.]

I, _____ hereby authorize Vidor Independent School District
(Print Employee's Name)
to deduct from my wages.

For:

The sum of _____ for
_____.

Beginning _____ and ending when written notification is sent.

I am authorizing this voluntary deduction as specified. In the event my employment ends for any reason, before the final deduction is made, it will come out of my final paycheck.

(Employee Signature)

(Date)