

**MOHAWK LOCAL SCHOOL DISTRICT**

***EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM***

**Employee Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Deduction Effective Date:** \_\_\_\_\_

Payroll Deductions:

- 403(B) % or \$ \_\_\_\_\_
- 457 \$ \_\_\_\_\_
- Preschool \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_