

VOLUNTARY DEDUCTION CHANGE AUTHORIZATION

Employee Name: _____ SS#: _____

Deduction Name: AGUSD/Project Help #: _____

I authorize the following change to be made to my payroll records for the above mentioned payroll deduction.

Discontinue deduction as of _____

Change deduction amount to: \$ _____

Other: _____

This authority to remain in full force and effect until you have received written notification from me of its termination.

Employee Signature: _____

Date: _____