

AUTHORIZATION FOR VOLUNTARY DEDUCTIONS  
CHANGE IN VOLUNTARY DEDUCTIONS  
Nyssa School District #26

**Option: 1 2 3 4**

Printed Name: \_\_\_\_\_

I authorize Nyssa School District to do the following: (not valid without signature at the bottom)

**(1)**  
Deduct \$ \_\_\_\_\_ from my paycheck each pay period, beginning with the payroll  
period of \_\_\_\_\_, for \_\_\_\_\_.  
Month/Year Deduction Type

\_\_\_\_\_  
Name of Company/Vendor to whom deduction is made

This deduction authorization will remain in effect until the District is notified by me.

**(2)**  
Discontinue deducting \$ \_\_\_\_\_ from my paycheck each payroll period  
for \_\_\_\_\_. Effective for payroll period \_\_\_\_\_.  
Deduction type Month/Year

\_\_\_\_\_  
Name of Company/Vendor to whom deduction is made

**(3)**  
Please **CHANGE** my current deduction from \$ \_\_\_\_\_ to \$ \_\_\_\_\_,  
for \_\_\_\_\_. Effective for payroll period \_\_\_\_\_.  
Deduction type Month/Year

\_\_\_\_\_  
Name of Company/Vendor to whom deduction is made

This **change** will remaining in effect until the District is notified by me.

**(4)**  
Please discontinue automatically depositing my net payroll check, Effective for payroll  
period \_\_\_\_\_. Banking Facility: \_\_\_\_\_  
Month/Year

A new form must be completed to resume depositing.

Signed \_\_\_\_\_ Date \_\_\_\_\_