EVERGREEN SCHOOL DISTRICT PAYROLL DEDUCTION AUTHORIZATION

NAME			DATE	
NAME Last	First		_DATE	
SOC. SEC. NO.	SCHOOL			
In accordance with the laws of the Seeach pay period from any earnings we ffective indefinitely until otherwise number.	vhich may be due m	e, for the pu	ırpose shown. Ti	his authorization is
If this form is used to cancel the ded column.	uctions listed below	, enter ager	ncy name, and pla	ace an "X" in "Canc."
If deduction is not to effective immed	diately, indicate the r	month and y	vear the deduction	n begins.
	,			
AGENCY	CANCEL	CODE NO.	AMOUNT	EFFECTIVE DATE
		٠		
,	1		NAME OF THE OFFICE OF THE OFFICE OF THE OFFI	

REQUESTED BY: (EMPLOYEE)