

**PAYROLL DEDUCTION
CHANGE**

DATE

EMPLOYEE'S NAME

EMPLOYEE'S ID#

I hereby authorize the Payroll Department of Gilmer
Independent School District

to CHANGE the amount of my monthly payroll deduction from
the current

amount of \$_____to the **new amount of**
\$_____.

This deduction will remain in force until changed or revoked
in writing.

NAME AND MAILING ADDRESS OF ORGANIZATION FOR WHICH THIS
MONEY IS TO BE FORWARDED:

EFFECTIVE DATE

EMPLOYEE'S SIGNATURE