Payroll Deduction Authorization

Bryan ISD Education Foundation

Social Security # _____

Last Name _____ First Name _____

School/Facility _____

I authorize the Bryan Independent School District to deduct _____ per pay period from my payroll check beginning _____ and continuing in effect until I give written notice to the Bryan ISD payroll office to discontinue the deduction.

Payment shall be forwarded from the payroll office to the Bryan ISD Education Foundation.

Employee Signature _____

Date _____

For Payroll Use Only:
       Deduction Code _____
       Date Set-up _____
       Initials _____