

**PARKERS CHAPEL SCHOOL EMPLOYEE PAYROLL
DEDUCTION AUTHORIZATION FORM**

Employee Name: _____ **SSN:** _____

Deduction Effective Date: _____

Payroll Deductions:

Food Service Charges \$ 100% of Outstanding Balance

The total outstanding balance on employee's personal or family account on the last day of school each year will be deducted in full the following month.

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

Employee Signature: _____ **Date:** _____