



Sonoma Valley Unified School District

FROM _____ SITE _____
(Last name first . . . P R I N T)

I hereby authorize the County Superintendent of Schools to:

() START the deduction of \$ _____ from my monthly paycheck beginning with _____ 20__ payroll and continuing until further notice from me.

Payee's Name _____
(Financial Institution)

Address _____

Account No. _____

() STOP the monthly deduction of \$ _____ from my monthly paycheck effective _____ 20 __ payroll currently paid over to:

Payee's Name _____
(Financial Institution)

() CHANGE the amount of my present monthly deduction from :

\$ _____ to \$ _____ beginning with _____ 20 ____ payroll.
(Month)

Payee's Name _____
(Financial Institution)

Signature _____ **Date** _____