



## CEDAR HILL ISD PAYROLL DEDUCTION AUTHORIZATION FORM

Complete this form to initiate, terminate, or change a payroll deduction, and submit the completed form to the CHISD Payroll Office. A separate form must be completed for each transaction.

**Employee Name:** \_\_\_\_\_ **Last four digits of SS#:** \_\_\_\_\_

**Work E-mail Address:** \_\_\_\_\_ **Work Telephone No.:** \_\_\_\_\_

I hereby authorize Cedar Hill Independent School District (CHISD) to initiate, terminate, or change the stated payroll deduction, as indicated on this form.

Deduction Details:

**Start** a new deduction       **Terminate** a current deduction       **Change** a current deduction

Name of Payroll Deduction/Organization to Receive Deduction: \_\_\_\_\_

Purpose for Deduction: \_\_\_\_\_

Dollar amount or percentage to be deducted each payroll period: \$ \_\_\_\_\_ or % \_\_\_\_\_

If making a **change**, CURRENT dollar amount or percentage deducted each payroll period:  
\$ \_\_\_\_\_ or % \_\_\_\_\_

1. I understand that if this form is missing any required information, conflicts with previously authorized deductions, etc. it may delay the initiation of the authorized deduction and CHISD will not be responsible for any resulting overpayments or underpayments.
2. I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in any pay period(s) to cover the authorized deduction and all other required and/or previously authorized deductions.
3. I understand that if I am terminating a deduction, the deduction may still be taken from my next check depending on the payroll processing cycle and when my Payroll Deduction Authorization Form is received by the Payroll Office and that I will be responsible to collect from the organization any overpayment(s) that may result.
4. I understand that if I am starting a new deduction or changing a deduction, the authorized deduction may not take effect on my next check depending on the payroll processing cycle and when my Payroll Deduction Authorization Form is received by the Payroll Office and that I will be responsible to pay the organization any short payment(s) that may result.
5. I understand that this authorized deduction will continue until a Payroll Authorization Deduction Form is submitted to the Payroll Office to change or terminate this deduction.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_