



Chickasha Public Schools

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Chickasha Public Schools to initiate the following deduction to the financial institution name below.

Further, I agree not to hold Chickasha Public Schools responsible for incomplete or incorrect information supplied by myself or by my financial institution or due to an error on the part of my financial institution.

This agreement will remain in effect until Chickasha Public Schools receives written notice of cancellation from myself or my financial institution.

Name of Financial Institution: _____

Account Number: _____

Amount to be deducted each payroll: _____

Deduction Start Date: _____

Employee Name (print): _____

Employee Signature: _____