

TO: CARLY TROCCHIA, SCHOOL ACCOUNTANT
RE: SUMMER SAVINGS DEDUCTION PLAN

AUTHORIZATION IS HEREBY GIVEN TO HAVE \$ _____ OF MY 2016-2017
SEMI-MONTHLY EARNINGS DEDUCTED **EACH PAY** FOR THE SUMMER SAVINGS
PLAN BEGINNING WITH THE PAYROLL OF SEPTEMBER 2016.

PLEASE RETURN THIS FORM TO ME BY SEPTEMBER 7, 2016.

PLEASE INDICATE A DOLLAR AMOUNT, **NOT** A PERCENTAGE.

TOTAL PAYMENT, (ONE CHECK), WILL BE MADE AT THE END OF JUNE 2017.

PRINT NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____