

TO: DONNA ECKEL, PAYROLL  
RE: SUMMER SAVINGS DEDUCTION PLAN

AUTHORIZATION IS HEREBY GIVEN TO HAVE \$ \_\_\_\_\_ OF MY 2018-2019  
**SEMI-MONTHLY** EARNINGS DEDUCTED **EACH PAY** FOR THE SUMMER SAVINGS  
PLAN BEGINNING WITH THE PAYROLL OF SEPTEMBER 2018.

**PLEASE RETURN THIS FORM TO ME BY SEPTEMBER 7, 2018.**

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

TOTAL PAYMENT, (ONE CHECK), WILL BE MADE AT THE END OF JUNE 2019.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_