

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION

- START
- CHANGE
- CANCEL

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account #: \_\_\_\_\_

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
5734 47<sup>TH</sup> AVENUE  
SACRAMENTO, CA 95824

EMPLOYEE NAME \_\_\_\_\_

SS# \_\_\_\_\_

EMP ID# \_\_\_\_\_

I hereby authorize SACRAMENTO CITY UNIFIED SCHOOL DISTRICT to deduct \$ 6 \_\_\_\_\_ per pay period from my paycheck commencing on \_\_\_\_\_.

Date: \_\_\_\_\_ Signature \_\_\_\_\_