

# FOOD SERVICE PAYROLL DEDUCTION AUTHORIZATION

This form must be received by the 5<sup>th</sup> of the month to take effect that month.

Employee Name: \_\_\_\_\_

Monthly Deduction Amount \$ \_\_\_\_\_ Beginning Paydate: \_\_\_\_\_

Deposited to Food Service Account: \_\_\_\_\_  
School For Whom

I authorize the payroll department to deduct the above amount from my paycheck beginning with the date above and ending 4/31 payroll. I understand it is my responsibility to ensure that my food service account has a positive or zero balance. The deduction is paying for the next months anticipated food purchases, food service does not advance credit. On the last day of school your account must be paid in full, payroll will not deduct in May.

This deduction may be canceled or changed with one months notice to payroll. A new authorization must be completed each school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
For Payroll Use Only:

Received Date \_\_\_\_\_

Deduction Type: "F5" Food Service

Vendor #:    115    116    117  
              Elem    MS    HS