

FOOD SERVICE PAYROLL DEDUCTION AUTHORIZATION

This form must be received by the 5th 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