

# WESTBROOK Independent School District Payroll Deduction Agreement

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

Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

Assignment: \_\_\_\_\_

### TYPE OF DEDUCTION:

To whom the deduction is to: \_\_\_\_\_

Frequency of deduction:  Monthly  Annually

Amount to be deducted: \_\_\_\_\_

Begin Date: \_\_\_\_\_

Status of deduction:  New  Change

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

### For Business Use Only:

Budget code: \_\_\_\_\_

Processed: \_\_\_\_\_

Business office personnel signature

\_\_\_\_\_ date