



**Designation & Payroll Deduction Authorization**

SOCIAL SECURITY NUMBER  -

LAST NAME   
FIRST NAME

DEDUCTION AMOUNT PER PAY PERIOD: (place X below)

*Deduction Amount*

\$1.00    \$3.00    \$5.00    OTHER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To the Board of Education:

I hereby authorize you according to arrangements agreed upon with the above organization, the Greece Education Foundation (GEF), to deduct from my salary and transmit to the GEF the amount indicated above. I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the Board of Education and all its officers from any liability therefore. I revoke any and all instruments heretofore made by me for such purposes while I am employed in this school system, or until revoked by me in writing.

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



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