



Payroll Deduction Authorization

Employee Name: _____

Employee ID#: _____

Deduction Effective Date: _____

Deduction End Date: _____

Total # of Payments Per Year: _____

Payroll Deduction:

- Pre-K \$_____ Per Pay Period
- ATPE \$_____ Per Pay Period
- TCTA \$_____ Per Pay Period
- ACT - Dallas \$_____ Per Pay Period
- TX Teachers \$_____ Per Pay Period
- John Hancock \$_____ Per Pay Period
- Child Support \$_____ Per Pay Period
- Garnishment \$_____ Per Pay Period

I hereby authorize Anna ISD to withhold this deduction from my paycheck in accordance with the terms stated above. In the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, Anna ISD may withhold the remaining amount owed from my final paycheck.

Employee Signature: _____ Date: _____