



PAYROLL DEDUCTION AUTHORIZATION FORM

I, _____, hereby authorize the Mississippi Schools for the Deaf and the Blind to deduct the sum of \$_____ from my _____ payroll check.

The reason for the deduction is detailed below:

In the event my employment ends for any reason before the deduction is made, the entire amount will be deducted from my final wages.

(Employee's Signature)

(Date Signed)