



**AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION**

- START**
- CHANGE**
- CANCEL**

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
5734 47<sup>TH</sup> AVENUE  
SACRAMENTO, CA 95824**

**EMPLOYEE NAME** \_\_\_\_\_

**SS #** \_\_\_\_\_ **EMP ID#** \_\_\_\_\_

*I hereby authorize SACRAMENTO CITY UNIFIED SCHOOL DISTRICT to deduct \$\_\_\_\_\_ per pay period from my paycheck commencing on \_\_\_\_\_.*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_