

## AUTHORIZATION FOR PAYROLL DEDUCTION

The undersigned does hereby authorize the Rowan-Salisbury School System

To deduct the amount of \$\_\_\_\_\_

From his/her gross earnings each payroll beginning\_\_\_\_\_

In payment for\_\_\_\_\_

As per agreement, these deductions will continue until the above obligation is paid in full or until employment with Rowan-Salisbury Schools is terminated for any reason. Should employment be terminated prior to the payment in full of this obligation, the undersigned agrees to pay the balance owed on or before the termination date.

Name\_\_\_\_\_

Social Security #\_\_\_\_\_

School Location\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please return to the payroll department or fax to 704-639-3135.