

**BEEVILLE INDEPENDENT SCHOOL
DISTRICT**

CHANGE IN PAYROLL DEDUCTION

STOP _____ START _____

Employee Name: _____ Employee #: _____

Effective Date of Change: _____

Insurance/Annuity Carrier: _____

Type of Coverage: _____

Amount to be deducted: _____

Employee Signature

Date

NOTE: Deduction changes received after 10th of the month will not be processed until the following payroll.

FOR OFFICE USE ONLY

Date Payroll Received: _____

Received By: _____

Date Entered: _____