



## Glendale School District #77

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### PAYROLL DEDUCTION CHANGE FORM

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Employee Name: \_\_\_\_\_

Deduction	Current Amount	New Amount	Effective Date

I am authorizing Glendale School District #77 to change my deduction(s) listed above for all payroll checks and I am aware that the change(s) will remain in effect until further notice or until I complete a new Change Form.

I understand it is my responsibility to submit any changes to payroll within 10 days prior to cancellation so request can be completed on or before effective date. *(Note: bank file is sent to bank 3 days prior to pay day.)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*This information is confidential and will be stored in a confidential manner.*