EMS-ISD Childcare
2023-2024
 Payroll Deduction Authorization
 Please Print
Employee Name: _____________________________________Social Security Number: __________________
Home Address: __________________________________ City: ___________________ Zip:______________
Child’s Name: ____
Campus/Department: ____
Amount to be Deducted Monthly: $______________________________________
Deduct over a period of (check one) _____ 10 Months ______ 12 Months

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