



\_\_\_\_\_ **Wilson School District No. 7** \_\_\_\_\_

**PAYROLL DEDUCTION REQUEST**

TO: WILSON SCHOOL DISTRICT PAYROLL DEPARTMENT

YOU ARE HEREBY REQUESTED TO:

STOP DEDUCTIONS FROM MY SALARY FOR \_\_\_\_\_  
NAME OF INSTIUTION

START DEDUCTIONS FROM MY SALARY FOR \_\_\_\_\_  
NAME OF INSTIUTION

CHANGE DEDUCTIONS FROM MY SALARY FOR \_\_\_\_\_  
NAME OF INSTIUTION

Effective date \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE

Total Amount \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

Amount Per Pay Period \_\_\_\_\_

\_\_\_\_\_  
Account Number

Starting Pay Period \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date