



Office of the Treasurer

LORAIN CITY SCHOOLS
Administration Center
2601 Pole Avenue, Lorain, OH 44052
440.830.4026 fax 440.233.2228

LORAIN CITY SCHOOL DISTRICT PAYROLL DEDUCTION ADD/CHANGE/CANCEL AUTHORIZATION FORM

Complete this form to start, change, or cancel a payroll deduction, and submit the completed form to the Lorain City Schools Treasurer's Office. A separate form must be completed for each transaction.

Employee Name (PLEASE PRINT): _____ SSN: XXX-XX-_____

I hereby authorize Lorain City Schools District to start, change, or cancel the stated payroll deduction, as indicated on this form.

Deduction Details:

ADD CHANGE CANCEL

Name of Payroll Deduction/Organization to Receive Deduction: _____

Dollar amount or percentage to be deducted each payroll period: \$ _____ or % _____

If making a **change**, CURRENT dollar amount or percentage deducted each payroll period: \$ _____ or % _____

1. I understand that if this form is missing any required information, conflicts with previously authorized deductions, etc. it may delay the initiation of the authorized deduction and Lorain City Schools will not be responsible for any resulting overpayments or underpayments.
2. I understand that if I am changing a payroll deduction, the deduction may not be made if I have insufficient income in any pay period(s) to cover the authorized deduction and all other required and/or previously authorized deductions.
3. I understand that if I am cancelling a deduction, the deduction may still be taken from my next check depending on the payroll processing cycle and when my Payroll Deduction Authorization Form is received by the Treasurer's Office, and that I will be responsible to collect, from the organization, any overpayment(s) that may result.
4. I understand that if I am changing a deduction, the authorized deduction may not take effect on my next check depending on the payroll processing cycle and when my Payroll Deduction Authorization Form is received by the Treasurer's Office, and that I will be responsible to pay the organization any short payment(s) that may result.
5. I understand that this authorized deduction will continue until a Payroll Authorization Deduction Form is submitted to the Treasurer's Office to change or cancel this deduction.

Employee Signature: _____ Date: _____