

PAYROLL AUTHORIZATION FOR PAYROLL DEDUCTION

INFINITECT SOUTH

Date: _____

Please Print Name: _____

Social Security # _____

Employer: Southwest Cook County Cooperative Association for Special Education

Start Payroll Deduction Stop Payroll Deduction Change Payroll Deduction

I have this day authorized you as paymaster of Southwest Cook County Cooperative for Special Education to deduct \$ _____ from each payroll period until further notice from me, and remit same to Infinitect South.

This authorization replaces the authorization dated _____ and is to be effective on _____.

Employee Signature _____