

PAYROLL DEDUCTION AGREEMENT FORM

I hereby authorize Collin County to initiate an automatic deduction as listed below out of each pay period to be paid to the respective named institution/organization.

I understand that the deduction(s) will remain in effect until revoked in writing.

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Please check the following that apply:

I authorize \$\_\_\_\_\_ to be deducted from each pay period payable to the S.H.E.R.I.F.F Fund non-profit organization

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Please check the following that apply:

I wish to discontinue my payroll deduction from each pay period payable to the S.H.E.R.I.F.F Fund non-profit organization

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_