

Payroll Deduction Form Notice

This form must be submitted to Pflugerville ISD Finance Office for your AAABSE membership to become effective by October 5, 2009.

I authorize the Pflugerville Independent School District

To deduct \$60.00 in ten (10) equal deductions to the:

Austin Area Alliance of Black School Educators

P.O. Box 16294

Austin, Texas 78761-5717

ATTN: Wanda Washington, Treasurer

Authorization:

I understand that **Pflugerville ISD** shall deduct the total amount of the dues for a year in equal amounts per pay period. I further understand that the deductions shall be made until I request in writing that the deductions shall be discontinued. In event I discontinue employment with PISD prior to the completion of the full amount of deduction authorized, the district is authorized to deduct from my final check the total remaining amount owed.

Discontinuation of Previous Authorizations:

I wish to discontinue deductions, effective immediately, to the following Organization(s):

Signed

Name

Signature

Date

Social Security Number

PISD Location