

# ANDERSON UNION HIGH SCHOOL DISTRICT

1469 FERRY STREET, ANDERSON, CA 96007

## Employee Deduction/Cancelation Authorization Form

### DEDUCTION AUTHORIZATION:

I \_\_\_\_\_ hereby authorize Anderson Union High School  
(Print Employee Name)  
District- (my employer) to **DEDUCT** from my salary \$ \_\_\_\_\_ per month  
and forward this amount to \_\_\_\_\_,  
(Print Name of Vendor)

effective with the \_\_\_\_\_ payroll.  
(Insert Month)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

### CANCELATION AUTHORIZATION:

I \_\_\_\_\_ hereby authorize Anderson Union High School  
(Print Employee Name)  
District- (my employer) to **CANCEL** the deduction of \$ \_\_\_\_\_ that has been  
taken out of my check and forwarded to \_\_\_\_\_.  
(Print Name of Vendor)

This cancelation should be effective with the \_\_\_\_\_ payroll.  
(Insert Month)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

