

Berkeley Unified School District

Request for

PAYROLL DEDUCTION

Name:

Date:

Employee ID Number:

Payroll Office: Please Set Up My Payroll Deduction As Checked:

CREDIT UNION:

Monthly Amount

First US: _____

CA. State Employees _____

Cooperative Center _____

Provident _____

Miscellaneous Deduction

Monthly Amount

Trustmark _____

Conseco _____

Other: _____

Employee's Signature

FOR PAYROLL DEPT. USE ONLY:

PROCESSED _____

BY _____