

**HAMPSHIRE AND CHESTERFIELD-GOSHEN
REGIONAL SCHOOL DISTRICTS**
AND THE PUBLIC SCHOOL DISTRICTS OF
**SOUTHAMPTON WESTHAMPTON
WILLIAMSBURG**

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**AUTHORIZATION FORM
PAYROLL DEDUCTION**

Employee Name: _____
(PLEASE PRINT FULL NAME)

Employee Address: _____

I hereby authorize the Payroll Department to deduct (amount) \$_____ per
pay period from my paycheck for 26 consecutive pay periods.

Deductions will be sent to Mass 1 to 1 on a monthly basis for the purpose of paying
off my Laptop Lease.

Signature: _____

Date: _____