FRANKLIN-McKINLEY SCHOOL DISTRICT
EMPLOYEE UPDATE

NAME:_____ ☐CE ☐CL ☐Substitute
Last First

SSN #:_____-_____-_____ SITE:_____

Please enter only the change(s) on the appropriate line.

NAME

Last_____First_____Middle_____

ADDRESS

Number & Street_____

City_____State_____Zip_____

Telephone # (_____) _____

I request the following deductions be made each pay period from my earnings which may be due to me for the purpose shown. This authorization is effective indefinitely, unless otherwise indicated.

Indicate which deduction you want by indicating the amount you desire to be deducted in the **AMOUNT** column. To terminate the deductions listed below, please indicate by writing the word "Delete" in the **AMOUNT** column.

These deductions supersede all previous authorizations for the same agency.

AGENCY NAME	**AMOUNT**
Kaiser	_____
Anthem Blue Cross	_____
Provident Central Credit Union	_____
Santa Clara County (Employees Credit Union)	_____
Commonwealth Credit Union	_____
The Standard – CTA	_____
Trustmark	_____
AIG – American General	_____
OTHER	_____

Signature:_____ Date:_____