# SUMTER COUNTY SCHOOL BOARD

## Payroll Deduction Change Form

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I _____ authorize Sumter County School
Print Name

Board Payroll Department to Start / Stop my deduction with
(Circle One)

_____ in the amount of $_____.
Company Name

Signature: _____

Social Security Number: _____

Date: _____

**Note: This form may not be used for changes to Health Insurance, annuities or withholding tax.**

**Office Use Only**