

Apple Product Purchase – Payroll Deduction Form

Wakefield School District
SAU #101
76 Taylor Way
Sanbornville, NH 03872

Date: _____

EMPLOYEE: _____

I hereby authorize the Wakefield School District to deduct from my bi-weekly payroll the amounts as described below beginning check date: _____.

Reason for deduction: _____

Total amount owed: _____

Amount to be deducted per pay period: _____ () Bi-weekly Checks

I understand that if I terminate my employment, any remaining balance owed to the district will be deducted from my final pay in a lump sum. If I do not have enough earnings to cover what is owed from my final check, I agree to pay on demand or make satisfactory payment arrangements to pay the total remaining balance on the above purchase.

Signature

Date

Witness

Date