

# PAYROLL CHANGE FOR DISTRICTS

Select the district you are employed with:

- COQUILLE
- REEDSPORT
- SOUTH COAST ESD
- OTHER \_\_\_\_\_

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Deduction Name	Current Amount	New Amount	Effective Date

I am authorizing South Coast ESD, on behalf of my district, to change my deduction(s) listed above for all payroll checks and I am aware that the change(s) will remain in effect until further notice or until I complete a new Authorization Form.

I understand it is my responsibility to submit any changes to payroll within 10 days prior to cancellation so request can be completed on or before effective date. *(Note: bank file is sent to bank 3 days prior to pay day.)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*This information is confidential and will be stored in a confidential manner.*