



DeKalb County
Board of Education

Wiring students to learn, achieve, and succeed

Deduction Change Form

Name:

I authorize DeKalb County Board of Education to stop/add/change the following deductions from my payroll:

<i>Deduction</i>	<i>Amount</i>
	\$
	\$
	\$
	\$

By signing below, I verify that I have contacted the above companies to cancel my policies and understand that my premiums will no longer be paid.

Employee Date