

Payroll Deduction Form

Your signed form must be received no later than September 3 to ensure inclusion in payroll deduction.

Full Name _____

Last 4 digits
of your SS# _____

School District _____

School _____

I hereby request my employer, _____ (name of school system/county) to deduct from my salary the sum of \$198 (\$24.75) / \$90 (\$11.25) for PENC annual dues. This authorization will continue to be in effect for each ensuing membership year until the school district and PENC have received written notification of termination of this authorization.

If for any reason, except death, my employment is terminated amounts still owing under this authorization shall be deducted from final pay due. PENC will notify annually the member and school district of any necessary adjustment in the annual dues amount.

Signature _____

Date _____

This form must be completed with your signature and returned to the PENC office.