

PAYROLL WITHHOLDING AUTHORIZATION

I, _____, hereby direct the Ashford Board of Education to withhold from my salary, wages and any other form of compensation an amount equal to \$ _____ or _____% (complete one, but not both) from each paycheck, commencing on the date of this payroll withholding authorization form, until notified to the contrary. I choose to have this voluntary deduction scheduled for 20 pay periods / 26 pay periods. ***(Circle One)***

I understand that the selection of the a 403B or tax sheltered annuity investment medium is strictly my choice, and that neither the Board of Education nor any representative, employee or agent thereof, has sponsored, counseled or promoted either my participation in a tax deferred investment program or my selection of investments within the program. I hereby direct the Ashford Board of Education to transmit the withheld funds in accordance with a separate memorandum which is signed by me. I am solely responsible for any tax consequences, account maintenance, investment performance or investment philosophy arising from this decision.

I have read and fully understand the foregoing statement.

(SIGNATURE)

(DATE)



FOR PAYROLL USE ONLY:	
Received on: _____	By: _____
Effective Payroll Date: _____	Entered in ADP by: _____
GOAL LIMIT: \$ _____	Entered in MEUI Ded. Schedule by: _____