
KIDCARE PAYROLL AUTHORIZATION FORM

I authorize the following payroll deductions through the Office of Payroll of Baltimore County Public Schools:

_____AMOUNT PER PAY

NAME_____

SCHOOL_____

SOCIAL SECURITY NUMBER_____

SIGNATURE_____

(Please return this form to the TABCO Office which will then be forwarded to BCPS.)

KIDS ARE OUR BUSINESS...WE CARE!!
