



305 E. Joppa Road • Towson, MD 21286 • 410-828-6403

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

\$ \_\_\_\_\_ AMOUNT PER PAY

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

SOCIAL SECURITY NUMBER (last 4 digits) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Please return this form to the TABCO Office which will forward to BCPS.)

# Thank You