



1220 E. Joppa Road, Bldg C, Suit 514 • 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