



KidCare

TABCO

**TEACHERS ASSOCIATION OF
BALTIMORE COUNTY**

Payroll Deduction Authorization Form

I hereby authorize the Office of Payroll of Baltimore County Public Schools to deduct the amount listed below from each paycheck and remit it to the KidCare Program.

Payroll Deduction Amount (per pay): \$ _____

Name: _____

Worksite: _____

BCPS EIN: _____

Effective Date: _____

Signature: _____

Date: _____

This authorization will remain in effect until revoked by the contributor in writing.

Please return this form to the TABCO Office.

**Thank you for your generosity.
You're making a difference in the lives of BCPS students.
To learn more about the KidCare Program, visit: tabco.org**