

TOWN OF ATLANTIC BEACH PAYROLL DEDUCTION FORM

EMPLOYEE NAME _____

EMPLOYEE NO. _____

The following **monthly** payroll deduction(s) are to be started, changed, or stopped on the above employee, per their request, as represented by their signature below or on the attached authorization form:

Medical Ins. Delete___ Add___ Change___ Amount _____ Eff Date _____

Medical Ins. – TAXED Delete___ Add___ Change___ Amount _____ Eff Date _____

Supp Life Ins. Delete___ Add___ Change___ Amount _____ Eff Date _____

Dep Insurance Delete___ Add___ Change___ Amount _____ Eff Date _____

Sports Center Delete___ Add___ Change___ Amount _____ Eff Date _____

AFLAC Delete___ Add___ Change___ Amount _____ Eff Date _____

AFLAC – TAXED Delete___ Add___ Change___ Amount _____ Eff Date _____

Omaha Retirement Delete___ Add___ Change___ Amount _____ Eff Date _____

Mutual of Omaha Delete___ Add___ Change___ Amount _____ Eff Date _____

FD Pension Plan Delete___ Add___ Change___ Amount _____ Eff Date _____

Tax Garnishment (NC) Delete___ Add___ Change___ Amount _____ Eff Date _____

401K Deduction Delete___ Add___ Change___ Amount _____ Eff Date _____

401K Loan Delete___ Add___ Change___ Amount _____ Eff Date _____

First Flight FCU Delete___ Add___ Change___ Amount _____ Eff Date _____

State Employee CU Delete___ Add___ Change___ Amount _____ Eff Date _____

Other (i.e. child support) Delete___ Add___ Change___ Amount _____ Eff Date _____
Explanation _____

SIGNATURE _____

DATE _____