

CARROLLTON-FARMERS BRANCH ISD
PAYROLL DEDUCTION AUTHORIZATION FORM
FOR PROFESSIONAL DUES
(DUE BY OCTOBER 1ST)

NAME _____

SS# _____ CAMPUS _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

NAME OF ORGANIZATION _____

ANNUAL PROFESSIONAL DUES \$ _____

I hereby authorize the CFBISD to payroll deduct the amount listed above for professional dues in 10 installments of \$_____ per month beginning in October and ending in July of each school year. I understand that this payroll deduction authorization will remain in effect until such time as I notify the Payroll Department in writing that the amount has changed or that I wish to cancel the deduction. This is in accordance with state law. If I cancel the deduction before my obligation to the professional organization is complete, I understand that it is my responsibility to pay the organization for the remainder of the balance due. In the event that I terminate my employment before the end of a contract year, I understand that the balance of the dues owed for the year will be deducted from my final paycheck.

Signature of Employee

Date

Enrollment forms will not be accepted after October 1 each year.
Employees joining professional organizations after that date must submit dues directly to the organization.