
Name

Social Security Number

Address

Employee ID

Work Location

Home Phone

Reason for Deduction	Amount Per Pay*
TOTAL	\$

**HCEA insurance programs are deducted the first two pays of every month for 10 months annually for a total of 20 pays.*

HCEA Payroll Deduction Authorization

I hereby authorize the Board of Education of Harford County Payroll Department to deduct from my salary, until further written notice is presented, the amount of \$_____ to be transmitted to HCEA to be used for the purpose of fulfilling the obligations submitted above. I also authorize HCEA to update the above amount to the Board of Education, if needed.

It is understood the above amount is separate from and does not include annual membership dues. ANY CHANGES MUST BE PROCESSED THROUGH HCEA.

Member's Signature

Date

HCEA Authorization

Date