

NC SOLID WASTE MANAGEMENT
PAYROLL DEDUCTION REQUEST

DATE: _____

TO: NCT PAYROLL

FROM: _____

I AGREE TO HAVE \$_____ WITHHELD FROM MY PAYCHECK.

OR

I WOULD LIKE TO CHANGE MY PAYROLL DEDUCTION AMOUNT
FROM \$_____ TO \$_____.

STARTING PAYPERIOD #_____ UNTIL FURTHER NOTICE.

THE AMOUNT SHOULD BE MADE PAYABLE TO "NC SOLID WASTE
DEPT."

This agreement is not to be changed, altered, or cancelled by anyone other than A STAFF MEMBER AT NCSWM.

EMPLOYEE SIGNATURE

PROGRAM NAME