

NC SOLID WASTE DEPARTMENT  
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 the NCSWD Administrative Assistant.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
PROGRAM NAME