

**MARTIN LUTHER KING, JR. EDUCATION CENTER ACADEMY  
EMPLOYEE PAYROLL**

DEDUCTION AUTHORIZATION FORM

I \_\_\_\_\_, the undersigned, authorize the following deductions from my bi-weekly payroll check.

- Federal
- State
- City
- Social Security/Medicad
- Retirement (Simple)
- Health Insurance (Hosp.)
- Child Care (DCAP)
- Garnishment
- Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date