## TO: **ALLEGHANY COUNTY BOARD OF EDUCATION** FROM: \_\_\_\_\_ SOCIAL SECURITY NUMBER (last four only) I hereby authorize the Alleghany County Board of Education to deduct \$\_\_\_\_\_from my salary, payable to: \_\_\_\_\_\_, beginning with the month of \_\_\_\_\_\_, 20\_\_\_\_\_. Signed\_\_\_\_\_

Date\_\_\_\_\_