

**MONTGOMERY COUNTY ESD NO. 4 (MCESD4)
AND
NEEDHAM FIRE RESCUE (NFR)**

AUTHORIZAION AGREEMENT FOR PAYROLL DEDUCTION

I _____ hereby authorize MCESD4 or NFR to deduct

\$ _____ per paycheck for the following reason:

- _____ 457 Retirement Contributions
- _____ Medical/Dental Insurance Premium (dependent coverage)
- _____ Supplemental Insurance (First Financial)
- _____ Miscellaneous _____
- _____

Printed Name

Signature

Date

Supervisor Signature

Date