

DEDUCTION CHANGE FORM

BOYD COUNTY BOARD OF EDUCATION

TODAY'S DATE _____

Return this form to Central Office upon Completion!

NAME (Print) _____ Signature _____

EMPLOYEE NO. _____ SOC. SEC. NO. _____

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1. List the DEDUCTION you wish to change _____
 2. Do you wish to cancel this DEDUCTION? _____
 3. Amount currently being DEDUCTED _____
 4. Do you want to keep this DEDUCTION and change the amount only? _____
 5. New amount to be withheld from EACH check. _____

REMARKS: _____

PLEASE USE A SEPARATE FORM FOR EACH DEDUCTION CHANGE.

CHANGES TO YOUR CREDIT UNION DEDUCTION MUST BE MADE BY CONTACTING MEMBER'S CHOICE CREDIT UNION AT 329-7876.

HEALTH INSURANCE REQUIRES A NEW APPLICATION TO MAKE ANY CHANGE.

IF YOU WISH TO CHANGE THE NUMBER OF **TAX EXEMPTIONS** OR HAVE ADDITIONAL TAXES WITHHELD, YOU MUST COMPLETE A NEW W-4 AND K-4 WITHHOLDING FORM.

FOR CENTRAL OFFICE USE ONLY:

COMPUTER UPDATE _____