# **METHOD OF SALARY PAYMENT AUTHORIZATION**



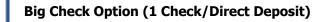
MADRID WADDINGTON CENTRAL SCHOOL DISTRICT MADRID, NEW YORK 13660

## **EMPLOYEE NAME:**

Please complete the appropriate section below to indicate your method of salary payment for the 2023-2024 school year. This selection may not be changed during the school year.

#### **SELECTION #1**

Please compute my salary payments on the basis of 1/26.5 of my contract salary bi-weekly throughout the school year. (This choice allows for a BIG CHECK in June) I hereby acknowledge that this selection cannot be changed during the school year.





Big Check Option (5 Printed Checks)

#### **SELECTION #2**

Please compute my salary payments on the basis of 1/21.5 of my contract salary bi-weekly throughout the school year. I hereby acknowledge that this selection cannot be changed during the school year.



**No Big Check Option** 

### IN ADDITION TO THE ABOVE:

(Initial) \_\_\_\_\_ I wish to participate in the AHR FLEX Plan and I have attached my enrollment form

By signing this form, I acknowledge my understanding that the MWCS does offer the option to have a Tax-Sheltered Annuity deducted from my bi-weekly payroll and that this option is offered to all active employees.



**Employee Signature**