

# METHOD OF SALARY PAYMENT AUTHORIZATION



## 2023-2024 SCHOOL YEAR

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 BIGCHECK in June) I hereby acknowledge that this selection cannot be changed during the school year.

**Big Check Option (1 Check/Direct Deposit)**

### SELECTION #2

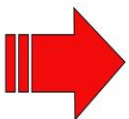
Please compute my salary payments on the basis of 1/21.5 of my contract salary bi-weekly throughout the school year. I hereby acknowledge that this selection cannot be changed during the school year.

**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 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**

\_\_\_\_\_

**Date**