

METHOD OF SALARY PAYMENT AUTHORIZATION



2024-2025 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 BIG CHECK 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 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

Date