



MADISON COUNTY DEDUCTION AUTHORIZATION FORM

Please return to Human Resources
112 N John Wayne Dr.
Phone: 515.462.5026 Fax: 515.705.0348
csilliman@madisoncoia.us

By signing this form, I, _____ hereby authorize
Madison County to

- Begin my deduction to
- Increase my deduction to
- Decrease my deduction to

the institution of _____

from the amount of \$ _____ to the amount of \$ _____.

This deduction is **Monthly** or **Per Payroll**.

Signed By: _____

Dated: _____

Date Received Stamp: