

**Payroll Deduction Agreement - Recovery of Funds**



Date: \_\_\_\_\_

This is to acknowledge that I, \_\_\_\_\_, owe Brevard Public Schools (BPS) \$ \_\_\_\_\_. The amount owed to BPS is for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I hereby authorize BPS to deduct money from my paychecks until the amount listed above has been paid in full. In the event that I separate service with BPS, any remaining balance due will be withheld from my final pay.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department/School Name and #: \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Use Only (085020)**

Total Amount Owed: \$ \_\_\_\_\_

Per Paycheck Deduction: \$ \_\_\_\_\_

Number of Paychecks: \_\_\_\_\_

Beginning Pay Period: \_\_\_\_\_

Ending Pay Period: \_\_\_\_\_

Expenditure String: \_\_\_\_\_