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**TO: Payroll Office**  
District

**West Contra Costa Unified School**

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You are requested and hereby authorized to deduct \$ \_\_\_\_\_ per month from my salary for dues or premium for You Run This Town Foundation —Vendor P339—c/o Bulger Lenardson & Assoc., or any other amount later required by that organization. Please deduct beginning with the next payroll possible, or beginning \_\_\_\_\_ (specify if later date is desired).

Month of Earnings

X \_\_\_\_\_

(Signature)

(Date)

SSN \_\_\_\_\_

**Payroll changes MUST BE RECEIVED BY THE TENTH OF THE MONTH; otherwise, effective date is delayed one month.**

\_\_\_\_\_  
PRINT NAME

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