

**TO: THE BOARD OF EDUCATION  
BETHLEHEM CENTRAL SCHOOL DISTRICT**

I hereby authorize you to deduct from my salary and to transmit to the Bethlehem Central United Employees Association (BCUEA) the sums necessary to maintain my enrollment in the Bethlehem Central United Employees Dental Plan. The BCUEA will advise you of the exact amount to be deducted and transmitted to it. This authorization shall be ongoing until revoked by me in writing or by the termination of my employment.

I hereby waive all rights to claim said monies deducted from my salary and further release the Board of Education and the Bethlehem Central School District from any liability therefore.

**PLEASE CHECK ONE:**            \_\_\_\_\_ **INDIVIDUAL**            \_\_\_\_\_ **TWO PERSON**            \_\_\_\_\_ **FAMILY**

**BC EMPLOYEE ID#** \_\_\_\_\_

**SIGN NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINT FULL NAME** \_\_\_\_\_

**BUILDING** \_\_\_\_\_

Revised 08/2014  
BCUEA Payroll Authorization Form