



CALIFORNIA COUNCIL FOR ADULT EDUCATION

Salary Deduction Authorization Form

To: _____ Date _____

School District

Total Annual CCAE Dues Amount: _____ Deduction Amount: _____

You are authorized to make a deduction from my salary ten times a year for CCAE dues in the amount indicated.

Employee Name: _____

First Name

Middle Name

Last Name

Employee Signature: _____ Social Security #: _____

Submit Salary Deduction Authorization Form to your school district.

CCAЕ • PO Box 978 • Los Alamitos, CA 90720-0978

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