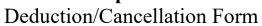
Killeen Independent School District





Employee Name: Employee ID#:		ID#:	
Ded	Deduction Name:		
	Association of Texas Professional Educators (ATPE)		
	Texas State Teacher Association/Killeen education Association (TSTA)		
	Killeen Classroom Teachers Association/Texas Classroom Teachers Association (KCTA/TCTA)		
	Texas Industrial Vocation Association (TIVA)		
	Killeen Federation of Teachers (KFT)		
	Killeen Area Alliance of Black School Educators (KAABSE)		
	Tarleton State University		
	☐ Genworth Financial		
	□ Other		
Plea	Please do the following: (select one)		
	I would like to change the deduction amount to: \$ effective date of:		
	I would like to stop and cancel my deduction with the effective date of:		
Emp	Employee Signature Date		
Can	Campus/Department Position		