



City of Austin Request for Payroll Deduction

This form is the employee's authorization to start, stop, or change the amount of a payroll deduction that is being deducted for the employee organization identified below. Return signed forms to the Payroll Office. Extra forms may be photocopied, or are available from the Payroll Office, Two Commodore Plaza, 15th floor, 206 East 9th (phone 499-3001).

Employee Name (print or type): _____

Social security number: _____

Amounts to Deduct

The biweekly deduction amount is sent to : Austin Association of Professional Fire Fighters Local 975. Amounts to be deducted biweekly (twice monthly) and remitted to AAPFF (show \$0 to discontinue all deductions):

FF1= AAPFF Local 975 Dues

FF2= Group Term Life Insurance

FF3= Prepaid Legal

FF4= Austin Fire Fighters Political Action Committee (PAC)

FF5= Member's Pagers

FF6= Miscellaneous

FF7= AFLAC Insurance

FF8= Police & Fireman's Insurance Association

FF9= Other - specify

Biweekly deduction amount

Employee Authorization

I request the City of Austin to deduct amounts from my pay and forward these deductions to the Austin Association of Professional Fire Fighters Local 975, beginning on the first available pay day on or after the "request effective date" I have shown below. Deduct the biweekly deduction amounts for each AF account listed individually. In the event that AAPFF Local 975 notifies the Payroll Office of increases in the AF1 account, I request the City of Austin begin deducting the biweekly deduction amount on the first available pay day after the effective date identified in the AAPFF notification. For changes in any other AF account, I will submit a new Request for Payroll Deduction to the Payroll Office each time I desire to request a change in this amount.

Employee signature _____

Request effective date (the Payroll Office will make these deduction changes on the first available pay day after this date) _____

Payroll Office use only:

Revision date: 03/02/01

Sched: 1 & 2