

1. Print the application 2. Fill out the application completely and legible. 3. Inter office mail your completed application to Detective Eric Carr in Burglary & Theft Division OR hand deliver to a Current Board Member

CITY OF HOUSTON
PAYROLL DEDUCTION AUTHORIZATION AND CANCELLATION FORM

I, _____ / _____ / _____ hereby authorize the City of
(Print Employee Name / Employee Number / Department)

Houston to deduct stop change \$ _____ from my pay each scheduled cycle and remit to

African-American Police Officers League-AAPOL, 5330 Griggs Rd. Houston, Texas 77021

(Company Name, Address, City, State and Zip Code)

Eric K. Carr (President)

(713) 308-0985

(Agent/Representative Name)

(Agent's Phone Number)

in payment of goods and services purchased by me.

I understand the City of Houston neither sponsors nor endorses the product or services purchased from the above company, nor does it attest to the worth or value of the product or service. I understand, except when restrictions by federal laws apply, that I may cancel this authorization at any time, in writing, by executing this form. In consideration of the City providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payment specified. I will pay directly to the company any monies not withheld during a payroll cycle. I will report directly to the company any change to my address; however if I fail to do so, I authorize the City to release my address of record to the company. I certify that no portion of this deduction is for any purpose prohibited by City of Houston Legislation.

I further understand that starting/stopping any payroll deductions related to collective bargaining unit membership dues are subject to additional restrictions and I should contact the Payroll Services Helpdesk at 832-393-8900 for additional instructions.

(Employee Signature)

(Date Signed)

Please return this form to the ARA – Payroll Services Customer Service Window at 611 Walker, 2nd floor.

(TO BE COMPLETED BY ARA – PAYROLL SERVICES)

(Employee I.D. Number)

(Department)

Check Appropriate Box(es):

		WAGE TYPE	/	PLAN	DATE
<input checked="" type="checkbox"/> Start Amount:	\$ 15.00	2403	/	Afro/American Police	_____
<input type="checkbox"/> Change if new amount:	\$ _____	_____	/	_____	_____
<input type="checkbox"/> Stop Amount:	\$ _____	_____	/	_____	_____
<input type="checkbox"/> One-Time Deduction:	\$ _____	_____	/	_____	_____
<input type="checkbox"/> One-Time Refund:	\$ _____	_____	/	_____	_____

Payroll Services Staff Signature

Date Prepared

Payroll Services Manager Signature

