

LOS ANGELES COUNTY AUDITOR-CONTROLLER

	DEDUCTION AGENCY NAME	DEDUCTION TYPE/PLAN
	POPA Federal Credit Union	

DO NOT WRITE ABOVE THIS LINE - PAYROLL USE ONLY

EMPLOYEE NUMBER	DEPT. CODE	EMPLOYEE LAST NAME	FIRST NAME	M.I.

NOT TO BE USED FOR COUNTY INSURANCE PLANS

CHANGE TYPE	DEDUCTION AMOUNT (\$)		DEDUCTION %	
	OLD	NEW	OLD	NEW
NEW <input type="checkbox"/>		\$		%
REPLACE <input type="checkbox"/>	\$	\$	%	%
CANCEL <input type="checkbox"/>	\$		%	
STOP DATE MM/DD/YYYY	LIMIT AMOUNT \$			

I HEREBY AUTHORIZE THE LOS ANGELES COUNTY AUDITOR-CONTROLLER OR HIS AGENTS TO DEDUCT SEMI-MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES THE AMOUNT SHOWN HEREON AND TO PAY THE SAME TO:

IF ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR-CONTROLLER TO ADJUST THE AMOUNT OF THIS DEDUCTION AS REQUIRED TO COMPLY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EXISTING CONTRACTS WITH SAID INSURANCE PLANS, OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS' GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS' CONSTITUTION, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.

THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR-CONTROLLER, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.

PAYROLL DEDUCTION AUTHORIZATION

DATE _____ EMPLOYEE SIGNATURE _____