

**PAYROLL DEDUCTION/CANCELLATION AUTHORIZATION**

AGENCY CODE		AGENCY NAME		
RETIREE NAME (LAST, FIRST)				SOCIAL SECURITY NO.
<input type="checkbox"/> NEW	<input type="checkbox"/> CANCEL	<input type="checkbox"/> CHANGE	OLD AMOUNT	NEW AMOUNT

I hereby authorize the Los Angeles County Employees Retirement Association (LACERA) to *change*, *cancel* or start a *new* monthly deduction from my retirement warrant in the amount shown above, and to pay that amount to the proper agent. This authorization cancels and replaces any prior authorization and will remain in effect until I submit a change in writing.

If all or any portion of this authorized deduction includes insurance premiums and/or organization dues, I authorize LACERA to adjust the amount of this deduction from time-to-time as may be required to comply with dues or premium changes made in accordance with existing contracts, organization constitutions, charters, by-laws or other applicable legal requirements.

I understand and agree that LACERA, or any other disbursing officer, acting under this authorization shall not be held liable in any manner for failure or delay in making the deductions or payments here authorized, nor be held responsible for any loss sustained by me due to their failure or delay in making such deductions or payments.

SIGNATURE	DATE
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