

PAYROLL DEDUCTION AGREEMENT FORM

I hereby authorize Collin County to initiate an automatic deduction as listed below out of each pay period to be paid to the respective named institution/organization.

I understand that the deduction(s) will remain in effect until revoked in writing.

Please check the following that apply:

\_\_\_\_\_ Authorize \$3.50 to be deducted from each pay period payable to the Collin County Deputies Association for dues.

\_\_\_\_\_ Authorize \$14.00 to be deducted from each pay period payable to the T.M.P.A. (Texas Municipal Police Association) for dues.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check the following that apply:

\_\_\_\_\_ Discontinue the \$3.50 deduction from each pay period payable to the Collin County Deputies Association for dues.

\_\_\_\_\_ Discontinue the \$14.00 deduction from each pay period payable to the T.M.P.A. (Texas Municipal Police Association) for dues.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_