



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

DATE SUBMITTED

Employee Information			
LAST NAME	FIRST NAME	M.I.	BADGE NO.
PHONE NUMBER	E.I.N.		

Activate Payroll Deduction		
ASTA/AHPA Sworn	<input type="checkbox"/>	\$17.50 per pay period / \$35.00 per month
ASTA/AHPA Civilian	<input type="checkbox"/>	\$10.00 per pay period / \$20.00 per month
ASTA/AHPA Civilian w/LDF	<input type="checkbox"/>	\$11.50per pay period / \$23.00 per month
FOP Lodge #32	<input type="checkbox"/>	\$17.50 per pay period / \$35.00 per month
FOPA Lodge #32	<input type="checkbox"/>	\$11.00 per pay period / \$22.00 per month

Cancel Payroll Deduction			
ASTA/AHPA Sworn	<input type="checkbox"/>	FOP Lodge #32	<input type="checkbox"/>
ASTA/AHPA Civilian	<input type="checkbox"/>	FOPA Lodge #32	<input type="checkbox"/>

I hereby authorize the Finance Section of the Department of Public Safety to deduct in each pay period from salary earned by me in the amount shown herein, for the purpose indicated. This authorization cancels any previously signed by me and shall remain in effect until canceled by me, by written notice. **I authorize Finance to adjust deduction rates as dictated by ASTA/AHPA, FOP and FOPA.**

It is expressly understood and agreed the Finance Section of the Department of Public Safety shall not be liable in any manner for failure or delay on their part in making deduction or payments here authorized and I agree to hold the Finance Section harmless from any loss sustained by them for their failure or delay in making any such deduction or payments.

I acknowledge that a portion of the amounts deducted from my paycheck may be used by the receiving entities for political purposes, as defined in ARS§23-361.02(I) Pursuant to ARS §23-361.02(A). I hereby authorize such deductions.

Signature of Employee

Date

Finance Section Only

Payroll Specialist

Date Completed