

Payroll Deduction Authorization

SOCIAL SECURITY NUMBER	MDI	NAME (LAST, FIRST, MIDDLE INITIAL)	<i>PRINT LEGIBLY OR TYPE</i>
(LAST FOUR DIGITS): <input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/> , <input style="width:100px;" type="text"/> , <input style="width:40px;" type="text"/>	

EFFECTIVE AS OF CHECK DATE: <input style="width:100px;" type="text"/>	NEW DEDUCTION <input type="checkbox"/> CHANGE DEDUCTION <input type="checkbox"/> CANCEL DEDUCTION <input type="checkbox"/>
--	--

CODE	TYPE	AMOUNT		CODE	TYPE	AMOUNT
060	City Credit Union – <i>Each Pay Period</i>	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		050	IAM - Dues	T <input type="checkbox"/>
061	City Credit Union – <i>1st Pay Period</i>	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		049	IAM PT Dues	T <input type="checkbox"/>
062	City Credit Union – <i>2nd Pay Period</i>	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		055	IAM Supplemental	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>
065	Firefighter’s Credit Union – <i>Each Pay Period</i>	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>				
080	United Way	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		063	IBEW – FT Dues	T <input type="checkbox"/>
081	Community Health Charities	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		064	IBEW – PT Dues	T <input type="checkbox"/>
082	LB Community Foundation	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>				
085	Brotherhood Crusade	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		091	Engineer Dues FT	T <input type="checkbox"/>
105	Public Corp for Arts	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		096	Engineer Dues PT	T <input type="checkbox"/>
097	ALBE Dues	T <input type="checkbox"/>		051	Fire Dues	T <input type="checkbox"/>
095	ALBE Supplemental	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		054	Firefighter Benefit Fund	T <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>
098	SEIU Dues	T <input type="checkbox"/>		056	Fire Supplemental	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>
099	SEIU Supplemental	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		090	Fire Insurance	T <input type="checkbox"/>
				053	Lifeguard Dues	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>
052	POA Dues	T <input type="checkbox"/>		059	Management Dues	T <input type="checkbox"/>
057	POA Supplemental	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>		092	P.D Management Dues	F <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/>

I hereby authorize the Department of Financial Management to make the above-indicated payroll deductions in the amounts and on the pay date specified from salary or wages earned and due to me. I understand such deductions will be paid to the appropriate agent duly designated by the City and such deductions shall continue until I otherwise notify the Department of Financial Management in writing. Adjustments may be made to increase or decrease the amounts specified for deductions identified above by the City's Coding System, provided that the method, manner and amount of each such adjustments is in full compliance with the applicable laws or administrative rules and regulations of the City. I further understand that any deductions for medical/dental care, allowable by law, will be deducted on a pre-tax basis. I hereby release the City of Long Beach, its officers, agents and employees from any and all responsibility for any loss, expenses, damages, or claims of any kind resulting from or in connection with the deductions or payments authorized.

<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>
DEPARTMENT/DIVISION NAME	EMPLOYEE SIGNATURE	DATE