

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the City of Reedley to deduct from my earnings the amount specified as indicated below. I also authorize the City of Reedley to transmit the deductions to the below named organization and/or company. This authorization will continue in effect until my employment is terminated, or until I submit timely written notice of cancellation to the City of Reedley utilizing this form.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

ONE-TIME DEDUCTIONS - PLEASE USE SPECIFIC PAYROLL DATE(S)

CODE	AMOUNT	PAYROLL DATE	ORGANIZATION
_____	_____	_____	_____

RECURRING DEDUCTIONS - PLEASE INDICATE AMOUNT FOR EACH PAYROLL RUN

CODE	AMOUNT	PAYROLL RUN	ORGANIZATION
_____	_____	1st	_____
_____	_____	2nd	_____
_____	_____	3rd	_____

ACTION REQUESTED: **NEW DEDUCTION** **CHANGE** **TERMINATION**

DEDUCTION TO BEGIN WITH PAYROLL DATED: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

- Code C1 = State Center Credit Union SCCU
- Code D1 = NationalDeferred Compensation
- Code D2 = ICMA Deferred Compensation
- Code U1 = Stationary Engineers Local 39
- Code U2 = Police Officers Association