



OFFICE OF THE AUDITOR-CONTROLLER

PAYROLL DEDUCTION AUTHORIZATION / CANCELLATION CARD



EE CLASS	UNION CODE	DEPT CODE	EE ID NO. (6 DIGITS)	FIRST NAME	MIDDLE INITIAL	LAST NAME	AUTHORIZATION DATE

For all items coded as deduction authorizations, I have agreed with the agency (or agencies) indicated that payments due to such agency (agencies) shall be deducted from salary or wages due or to become due to me. I hereby authorize the Office of the Auditor-Controller to deduct from such salary or wages those sums which said agency (agencies) may advise the Office of the Auditor-Controller are due. This authorization applies with equal effect to any increase or decrease in sums to be deducted from my salary or wages. This authorization remains in effect until termination of my employment or until I give written notice to the Office of the Auditor-Controller of its termination through the submission of a valid Payroll Deduction Authorization/Cancellation Card, whichever is earlier.

For all items coded as cancellation authorizations, I hereby authorize cancellation of the deductions noted.

(A)DD / (C)ANCEL	DESCRIPTION OF DEDUCTION	AMOUNT	BALANCE

EMPLOYEE SIGNATURE
PAOF-837 (06/2013)