



- NEW
- CHANGE
- REMOVE

LAST NAME

FIRST NAME

M.I.

EMPLOYEE I.D.

MEMBER NUMBER

### L.A. County Sheriffs Department Authorization For Payroll Deduction

County of Los Angeles

I hereby authorize you to make deductions from my payroll payable to me by the County of Los Angeles in the sum of \$ \_\_\_\_\_ on the 15th and the last day of the month, such deductions to paid to the Los Angeles Police Federal Credit Union.

Notice of increase, decrease, or cancellation of deduction must be filed with LAPFCU at least 15 days prior to the effective date of the change.

PREV. CARD FOR \$ \_\_\_\_\_

I HEREBY AUTHORIZE THE LOS ANGELES POLICE FEDERAL CREDIT UNION TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES THE AMOUNT SHOWN HEREON. THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AND FOR THIS PURPOSE IT SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR-CONTROLLER OR THE LOS ANGELES POLICE FEDERAL CREDIT UNION ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

<b>AMOUNTS TO BE APPLIED AS FOLLOWS:</b>	
To Account # _____	\$ _____
For Allocations	
Acct. # _____	\$ _____
Acct. # _____	\$ _____
Acct. # _____	\$ _____
TOTAL .....	\$ _____

<b>Internal Use Only Date</b>	
Received _____	
Person # _____	
e-HR portal initial _____	