☐ SWORN RETIRED
☐ CIVILIAN RETIRED

LAPFCU

☐ NEW
☐ CHANGE
☐ CANCEL

LAST NAME:

FIRST NAME:

MIDDLE INT:

SOCIAL SECURITY NUMBER

MEMBER NUMBER

Pension Deduction Authorization Form

CONTROLLER

City of Los Angeles:

I hereby authorize you to make deductions from the pension payable to me by the City of Los Angeles in the sum of $_____ per month, such deductions to be paid to 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 $ _____

SOCIAL SECURITY NUMBER

When you are asked to furnish your Social Security Number, Federal law (P.L. 93-579, Sec. 7) requires that you should be informed of its intended use. Your number is being used for payroll deduction in accordance with payroll system procedures implemented prior to January 1, 1975.

I HEREBY AUTHORIZE LOS ANGELES POLICE FEDERAL CREDIT UNION TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE CITY OF LOS ANGELES IN THE AMOUNT OF 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 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**

AMOUNTS TO BE APPLIED AS FOLLOWS:

To Shares ……………………....……… $_____

For Allocations
Acct. #_____ $_____
Acct. #_____ $_____
Acct. #_____ $_____
Acct. #_____ $_____
Acct. #_____ $_____
TOTAL ……………………………… $_____

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