

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

			DATE SUE	BMITTED					
EMPLOYEE INFORMATION									
	FIRST NAME		M.I.	BADGE					
E.I.N.	•	EFFECTIVE DATE	·						
	E.I.N.	FIRST NAME E.I.N.	EMPLOYEE INFORMATION FIRST NAME	EMPLOYEE INFORMATION FIRST NAME E.I.N. EFFECTIVE DATE	FIRST NAME M.I. BADGE E.I.N. EFFECTIVE DATE				

Deduction	ACTIVATE Pay Code	PAYROLL DEDUCTION Amount
ASTA/AHPA Sworn	3133	\$17.50 per pay period / \$35.00 per month
🗌 ASTA/AHPA Civilian	3133	\$10.00 per pay period / \$20.00 per month
ASTA/AHPA Civilian w/LDF	3133	\$11.50 per pay period / \$23.00 per month
FOP Lodge #32	3135	\$17.50 per pay period / \$35.00 per month
FOPA Lodge #32	3135	\$11.25 per pay period / \$22.50 per month

CANCEL PAYROLL DEDUCTION							
Deduction	Pay Code	Deduction	Pay Code				
ASTA/AHPA Sworn	3133	FOP Lodge #32	3135				
ASTA/AHPA Civilian	3133	FOPA Lodge #32	3135				

AUTHORIZATION

- I hereby request and authorize the State of Arizona to deduct from my pay any deductions I have indicated in the Activate section of this form.
- I hereby request and authorize the State of Arizona to stop deducting from my pay any deductions I have indicated in the Cancel section of this form.
- This authorization cancels any previously signed by me and shall remain in effect until canceled by me, by written notice.
- I authorize adjustment of the deduction rates as dictated by ASTA/AHPA, FOP and FOPA.
- I understand that deductions occur on the first and second paydays of the month (24 times per year).
- It is expressly understood and agreed the Finance Section of the Department of Public Safety shall not be liable in any manner for failure or delay on their part in making deduction or payments here authorized and I agree to hold the Finance Section harmless from any loss sustained by them for their failure or delay in making any such deduction or payments.
- I acknowledge that a portion of the amounts deducted from my paycheck may be used by the receiving entities for political purposes, as defined in ARS§23-361.02(I). Pursuant to ARS§23-361.02(A). I hereby authorize such deductions.

SIGNATURE OF EMPLOYEE

FINANCE SECTION ONLY

PAYROLL SPECIALIST DPS 802-03110 Rev. 02-2022 DATE COMPLETED

DATE