LOS ANGELES COUNTY FIREMEN'S BENEFIT & WELFARE ASSOCIATION

PAYROLL DEDUCTION AUTHORIZATION FORM

PLEASE PRINT CLEARLY AND ENTER THE INFORMATION **EXACTLY** AS IT APPEARS ON YOUR PAYROLL RECORDS.

DEPARTMENT: FR DEDUCTION CODE: EO109 DEDUCTION AMOUNT: $9.76 per month (4.88 per pay period)

TO CANCEL YOUR DEDUCTION, FILL OUT THIS FORM AND WRITE **CANCEL** ACROSS THE FRONT

EMPLOYEE NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

YOUR MEMBERSHIP INCLUDES A MONTHLY SUBSCRIPTION TO STRAIGHT STREAMS MAGAZINE. PLEASE ENTER YOUR MAILING ADDRESS BELOW:

STREET ADDRESS or PO BOX: _____

CITY: _____ STATE: _____ ZIP:_____

PLEASE ENTER A PHONE NUMBER WHERE WE CAN REACH YOU IF WE HAVE QUESTIONS ABOUT YOUR MEMBERSHIP.

PHONE: _____

I hereby authorize the Los Angeles County Auditor-Controller to deduct the above amount from my pay each month and forward the funds to the Los Angeles County Firemen's Benefit and Welfare Association.

SIGNATURE DATE

The deduction will appear on your pay records as Code EO109 FIRE BENEFIT

Mail to: GARY LINEBERRY, 25553 VIA HERALDO, VALENCIA, CA 91355 or FAX 661-254-7622 B&W Form PDA01 Ver 2.3 (Jun 2010)

FOR OFFICE USE Straight Streams _____ ^DMISC _____ Eff Date_____ Verified on return file _____