

# AUTHORIZATION FOR PAYROLL DEDUCTION

ORIGINAL: PAYROLL

CIRCLE APPROPRIATE NUMBER AND  
ENTER AMOUNT IF APPLICABLE.

DEPT. #	EMPL. #	SS #	LAST NAME	FIRST	M.I.	
<b>CODE</b>						
<b>NCAFE</b>	<b>CAFE</b>		<b>DESCRIPTION</b>		<b>CYCLE</b>	<b>AMOUNT/PCT</b>
	0001		TEXAS MUNICIPAL RETIREMENT SYSTEM		1 2 3	
1642			VEHICLE		1 2 3	
1649			SAFETY SHOES		1 2 3	
1661			UNIFORMS		1 2 3	
2665			UNUM LIFE INSURANCE		1 2	
	7693		<b>AXA EQUITABLE (DEFERRED COMPENSATION)</b>		1 2 3	
	7685		<b>NATIONWIDE / PEBSCO (DEFERRED COMPENSATION)</b>		1 2 3	
7688			ROTH IRA (INVESCO)		1 2 3	
7689			EDUCATION IRA (INVESCO)		1 2 3	
	7695		<b>VALIC (DEFERRED COMPENSATION)</b>		1 2 3	
8697	8133		AFLAC INSURANCE		1 2 3	
8700			PASADENA POLICE OFFICERS' UNION (PPOU)		2	
8721			CAFÉ LIFE INSURANCE (OCCIDENTAL)		1 2	
8733			AMERICAN LIFE INSURANCE		1 2	
8745			AFSCME UNION DUES (CITY EMPLOYEES)		2	
8768			PASADENA MUNICIPAL FEDERAL CREDIT UNION		1 2 3	
8804			U.S. SAVINGS BONDS		1 2	
8816			SUPPLEMENT INSURANCE (MCCLAIN)		2	
8830			NATIONAL LATINO PEACE OFFICER'S ASSOCIATION (LPOA)		1	
8833			CLEAT		1	
8835			POLICE & FIREFIGHTERS ASSOCIATION		1 2 3	
FREQ CODES 1 - 1st Payroll Cycle, 2 - 2nd Payroll Cycle; 3 - 3rd payroll Cycle					<b>TOTAL</b>	
I hereby authorize the City Controller to deduct the above amount(s) from my pay. <b>SIGN HERE IF STARTING OR CHANGING</b>			I hereby request a cancellation of the above deduction(s) from my pay. ( NO CAFETERIA DEDUCTIONS CAN BE CANCELLED DURING THE YEAR) <b>SIGN HERE IF STOPPING</b>			
Period Beginning: _____ Signed: _____ Date: _____			Period Beginning: _____ Signed: _____ Date: _____			