



City of Austin
Deduction Request Form

EMS

This form is the employee's authorization to start, stop, or change the amount of a payroll deduction that is begin deducted for the employee organization identified below. Return signed forms to your Payroll Administrator.

Employee Name (print): _____

Social Security # _____

Total bi-weekly deductions to be remitted to:

Enter "zero" to stop all deductions

Austin-Travis County EMS Employee Association, Inc. → \$

ATCEMSEA Political Action Committee (PAC) → \$

Total Deductions \$

Employee Authorization

I request the City of Austin to deduct amounts from my pay and forward these deductions to the Austin-Travis County EMS Employee Association, Inc. and the ATCEMSEA Political Action Committee (PAC) respectively, beginning on the first available payday on or after the "request effective date" I have shown below. Deduct the "Total bi-weekly deductions" I have entered above, and I will submit a new Deduction Request Form to the Payroll Office each time I desire to request a change in this amount.

Employee Signature

Request Effective Date