



City of Austin
Deduction Request Form

EMS-15

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

Employee Name: (print) _____

Social Security #: _____

Amount to Deduct

Total monthly deduction to be remitted to:

Enter "zero" to stop **all** deductions

The Austin-Travis County EMS Employee Association, Inc.

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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., beginning on the first available payday on or after the "request effective date" I have shown below. Deduct the "Total monthly deduction" 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

Payroll Office use only: Ded code 15

Frequency 1

Revision date: 05/30/97