<div align="center">

City of Austin   **APA**
Deduction Request Form

</div>

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 the Payroll Office. Extra forms may be photocopied, or are available from the Payroll Office, 124 West 8th Street, Austin, TX 78701 (phone 974-3001).

Employee Name (print or type): _____

Social security number: _____

<div align="center">

Amounts to Deduct – Biweekly

</div>

The "Total biweekly deduction" is sent to: Austin Police Association. Amounts to be deducted biweekly & remitted to the APA.

AP1= Austin Police Association Dues $ ████████

AP6= Spectrum Advisory Group, LLC Payments $ ████████

<div align="center">

Amounts to Deduct – Monthly

</div>

The "Total monthly deduction" is sent to: Austin Police Association. Amounts to be deducted once per month & remitted to the APA. (MUST SHOW $0 TO DISCONTINUE A DEDUCTION)

AP2= Austin Police Women's Association Dues $ ████████

AP3= Texas Police Officers' Association Dues $ ████████

AP4= Austin Police Political Action Committee (PAC) Dues $ _____

AP5= Austin Cops for Charities Dues $ ████████

AP7= APA Member s Donations for the "100" Club $ ████████

AP8= APA Associate Membership-Civilians Dues $ ████████

AP9= Amigos En Azul Dues $ ████████

AP0= Lesbian and Gay Peace Officers' Association Dues $ ████████

<div align="center">

Employee Authorization

</div>

I request the City of Austin to **deduct amounts listed above** from my pay and forward these deductions to the **Austin Police Association (APA)** beginning on the first available pay day on or after the "request effective date" I have shown below:

☐   Deduct the "Biweekly & Monthly amounts" for each AP account listed individually. In the event that the APA notifies the payroll Office of increases or decreases to the underlying amounts, I request the City of Austin to begin deducting the "Biweekly & Monthly Amounts" on the first available pay day after the effective date identified in the APA notification. I understand that l may revoke this authority I have granted to APA, by submitting at any time a new Deduction Request Form. I understand that such a revocation is applicable beginning with the next available pay day after I have submitted a new Deduction Request Form to the **APA Office** (i.e. revocations are not retroactive).

_____   _____
Employee signature   Request Effective Date (the Payroll Office will make these
                                                                                                deduction changes on the first available pay day after this date)