

P.O. Box 4087
Austin, TX 78773-0130
512-424-7388
payroll_question@dps.texas.gov

Section A: Employee Information

Social Security Number: _____ Name (Last, First, MI): _____

Work Phone: _____ Work Email _____

Work Address (include Dept. and Mail Stop Code (MSC):

City: _____ State: _____ Zip: _____

Section B: Payroll Deduction Authorization

I authorize a monthly payroll deduction of \$5.00 from my salary or wages for the membership assessment fee to the Department of Public Safety Mutual Association. I agree to comply with the Comptroller's rules concerning this deduction. I understand that I may revoke this authorization at any time by written notice to the DPS Mutual Association.

Member Signature: _____ Date*: _____

*Monthly deduction not taken in the month joined will be deducted from the following month, in addition to the monthly deduction amount.

Section C: Payroll Deduction Cancellation

I would like to cancel the current monthly payroll deduction from my salary or wages for the membership assessment fee to the Department of Public Safety Mutual Association.

Member Signature: _____ Date*: _____

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| <p>For Finance Use</p> <p>Policy Number: _____ Assessment Number: _____</p> |
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