

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 voluntarily submit this form to the Payroll Office to 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 that my name, social security number, personal contact information, and the amount of my payroll deduction for membership fee is being provided to the DPS Mutual Association only for the purpose of record keeping and eligibility.

I understand that I cannot be compelled to be a member of a state employee organization or to pay dues to a state employee organization as a condition of employment with the state. While I am free to join a state employee organization, I understand that I may cancel this authorization at any time by providing written notice to my employer. I voluntarily authorize a monthly payroll deduction in the amount shown above from my salary or wages for membership fees to the state employee organization listed above and agree to comply with the comptroller's rules concerning this deduction. I agree that my name, social security number, personal contact information, and the amount of my payroll deduction for membership fees may be provided to the state employee organization listed above only for the purpose of informing the state employee organization about the payroll deduction.

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\*: \_\_\_\_\_

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