



Voluntary Payroll Deduction Authorization/Cancellation Form

Do not use for union deductions. Contact your union for its authorization form.
If there is no response after two pay periods, call the Payroll Division. Do not resubmit.

NEW AUTHORIZATION CHANGE AUTHORIZATION CANCELLATION

EFFECTIVE DATE

MM DD YY

EMPLOYEE DSW NUMBER	RECORD #	EMPLOYEE NAME			DEPT. ID	DEPT. NAME	JOB CLASS
		LAST	FIRST	M.I.			

\$ _____ OR _____ % \$ _____
BIWEEKLY DEDUCTION AMOUNT PERCENT GOAL AMOUNT

3-DIGIT ALPHA 3-DIGIT #
[][] [] - [][] [][]

DEDUCTION CODE

NAME OF ORGANIZATION

NEW AUTHORIZATION
 CHANGE AUTHORIZATION

I hereby authorize the Controller of the City and County of San Francisco to deduct from my salary each pay period the amount stated above and to transmit the deducted amount to the organization named above.
I consent to the City adjusting the deduction amount if necessary to conform to any pay period changes. This authorization shall be in full force and effect until (1) I cancel it using this form and submit the form to the Office of the Controller, Payroll Division, 1155 Market St., 5th Floor, San Francisco, CA 94103, or (2) the organization receiving deductions cancels it.
I acknowledge that I must report any discrepancies in the deductions as reflected on my pay statement to the Payroll Division in writing and within not more than 30 days after the deduction.

SIGNATURE OF EMPLOYEE

TODAY'S DATE

CANCELLATION

I hereby request the Controller of the City and County of San Francisco to cancel the salary deduction named above. I understand that the ability to cancel the deduction may be subject to certain restrictions or requirements and that it is **my responsibility** to meet all necessary requirements before submitting this request.

SIGNATURE OF EMPLOYEE

TODAY'S DATE

DEPARTMENT / ORGANIZATION USE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

EMAIL ADDRESS

PHONE NUMBER

TODAY'S DATE

CONTROLLER USE ONLY

KEYED BY _____

PHONE _____

DATE _____