

# A City of Houston Payroll Deduction Authorization and Cancellation Form

I, \_\_\_\_\_ hereby authorize the City of Houston to  
*Print Employee Name*  
 deduct/stop \_\_\_\_\_ from my pay each scheduled cycle and remit to  
*(circle one) Amount*

Texas Police Trust 1600 State Street Houston, Texas 77007  
*Company Name and Address*

Veronica Mc Donough 832-200-3410 in payment of goods and services purchased by me.  
*Agent/Representative Agent's Phone*

I understand the City of Houston neither sponsors nor endorses the product or services purchased from the above company, nor does it attest to the worth or value of the product or service. I understand, except when restrictions by federal laws apply, that I may cancel this authorization at any time, in writing, by executing a Form 6 (revised 10/91). In consideration of the City providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payment specified. I will pay directly to the company any monies not withheld during a payroll cycle. I further authorize increases or reductions in such deductions. I will request directly from the company any change to my address; however, if I fail to do so, I authorize the City to release my address of record to the company. I certify that no portion of this deduction is for a Political Action Contribution (PAC) or any other purpose prohibited by City of Houston Legislation. I further agree to notify the company or agent, listed above, in writing of any changes or cancellations to my coverage 30 days prior to the effective date of change. Additionally I will not hold the company or agent responsible for changes made by parties other than the company or agent or incorrect deductions over 30 days old.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**--To be completed by payroll clerk--**

Employee Number \_\_\_\_\_

Employee SS# \_\_\_\_\_ Dept. \_\_\_\_\_ Dept. Name \_\_\_\_\_

Check appropriate box(es)	Amount	Type/Plan	Date	Name
<input checked="" type="checkbox"/> Start Amount	_____	HPOAD / HPOAD	_____	_____
<input type="checkbox"/> Change if new amt.	_____	_____ / _____	_____	_____
<input type="checkbox"/> Stop Amount	_____	_____ / _____	_____	_____
<input type="checkbox"/> One-time Deduction	_____	_____ / _____	_____	_____
<input type="checkbox"/> One-time Refund	_____	_____ / _____	_____	_____

\_\_\_\_\_  
*Payroll Clerk Date Prepared Department Head*