

**BEXAR COUNTY EMPLOYEES PAYROLL DEDUCTION REQUEST:
FOR MEMBERSHIP DUES IN LABOR UNION OR EMPLOYEES ASSOCIATION**

PLEASE PRINT.

Employee Name: _____
Required for Payroll Deduction

Employee I.D. Number: _____

Labor Union: _____

Address: _____

PAYMENT AMOUNT

PAYROLL DEDUCTION FOR MEMBERSHIP DUES: Check one.*

- \$10.00 per pay period
- \$20.00 per pay period
- \$30.00 per pay period
- Other: \$ _____ per pay period (must be same amount each pay period)

* Payroll deductions and any subsequent changes will begin no later than the first day of the second full regular pay period.

AUTOMATIC INCREASES

I AUTHORIZE AUTOMATIC DUES DEDUCTION INCREASES OF NO MORE THAN: Check one.*

- \$10.00 per pay period
- \$20.00 per pay period
- Other: \$ _____ per pay period (must be same amount each pay period)

* Payroll deductions and any subsequent changes will begin no later than the first day of the second full regular pay period.

SPECIAL ASSESSMENTS (DSABC MEMBERS ONLY)

- I AUTHORIZE TWO SPECIAL MEMBERSHIP DUES ASSESSMENTS IN ONE CALENDAR YEAR IN A SINGLE AMOUNT NO GREATER THAN \$50.00 FOR EACH ASSESSMENT AND AUTHORIZE SUCH DEDUCTION AFTER SUBMISSION OF A WRITTEN CERTIFICATION BY THE ASSOCIATION PRESIDENT TO THE COUNTY AUDITOR.

REVOCATION

Check one:

- I REVOKE AUTHORIZATION FOR MY PAYROLL DEDUCTION FOR MEMBERSHIP DUES TO:
Labor Union: _____
Required for Revocation of Payroll Deduction

- I REVOKE AUTHORIZATION FOR MY PAYROLL DEDUCTION FOR SPECIAL ASSESSMENTS TO:
Labor Union: _____

Dues deductions are subject to the provisions of Texas Local Government Code Chapter 155 and the terms of the Collective Bargaining Agreement. I understand that these deductions and authorizations will remain in effect until I revoke it in writing to the County Auditor's Office.

Auditor Use Only
Document # _____
Employee# / date

Employee Signature

Date