



Payroll Deduction Authorization Form

EMPLOYEE NAME _____

DEPT./AGENCY Colorado State Patrol ORG _____

ID n/a

WORK PHONE NO. _____ Employee

ID 997-

EFFECTIVE DATE _____

AMOUNT OR PERCENT PER MONTH \$ _____

ORGANIZATION TO RECEIVE THE PAYROLL DEDUCTION:

Association of Colorado State Patrol Professionals

ADDRESS: 55 Wadsworth Blvd; Lakewood, CO 80226

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE A PAYROLL DEDUCTION

Date: _____ Signed: _____

I HEREBY CANCEL THE AUTHORITY PREVIOUSLY GIVEN TO MY EMPLOYER BY THIS WRITTEN NOTIFICATION FROM ME OR ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE EMPLOYER A REASONABLE OPPORTUNITY TO ACT ON IT.

Date: _____ Signed: _____

FOR PAYROLL USE ONLY

Date Entered: _____ Entered by: _____

GTN: _____