



San Mateo County
Payroll Deduction Authorization

PRINT CLEARLY

NAME OF ORGANIZATION: Sheriff's Office Association DEPARTMENT: Sheriff's Office

EMPLOYEE NAME: _____
LAST NAME FIRST NAME M.I.

SOCIAL SECURITY #: _____ EMPLOYEE ID: _____
(LISTED ON YOUR PAYSTUB)

I hereby authorize the Controller of San Mateo County to deduct from my earnings each pay period an amount sufficient to provide for the regular payment of the current rate of monthly membership dues, of the above named organization as established in accordance with the by-laws of the organization, and further authorize payment of such deducted sums to the Treasurer of the organization. The amount of deductions shall be certified by the organization and any change in such amount shall be certified. This authorization shall remain in effect until termination of my employment or until I revoke it by giving written notice to the Controller.

EMPLOYEE SIGNATURE

DATE:

PLEASE COMPLETE AND RETURN THIS FORM TO:

Sheriff's Office Association
P. O. Box 961
Redwood City, CA 94064

-or-

Veronica Ruiz
Sheriff's Office Association Treasurer
Pony: SHF112 - ACT

If you have any questions pertaining to this form, please email SMCSOA@gmail.com.