



**AUTHORIZATION FOR  
MISCELLANEOUS DEDUCTIONS**

**MEMBER INFORMATION**

Account # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**EMPLOYER INFORMATION**

Place of Employment \_\_\_\_\_ Old Deduction Amount \_\_\_\_\_  
Social Security Number \_\_\_\_\_ New Deduction Amount \_\_\_\_\_  
Effective Date of Change \_\_\_\_\_

**I AUTHORIZE THE START OR CHANGE OF THE FOLLOWING**

Account	Suffix	Amount	First Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Form Completed By \_\_\_\_\_ Date \_\_\_\_\_