

CITY OF NEW HAVEN

ADVISE FOR AUTHORIZATION OF PAYROLL DEDUCTIONS AND CHANGES IN DEDUCTIONS

ADVICE NO. _____

GROUP NO.	DEPT. NO.	ATV	SUB ATV	EMPLOYEE NO.

DEPARTMENT _____

NAME _____ EFFECTIVE DATE OF CHANGE _____
LAST NAME FIRST NAME MIDDLE INITIAL MONTH DAY YEAR

AUTHORIZATION OF DEDUCTION:

I HEREBY AUTHORIZE YOU TO DEDUCT SAID
AMOUNT FROM MY PAY CHECK
UNTIL FURTHER NOTICE FROM ME, FOR _____

(NAME OF DEDUCTION)

AMOUNT

\$

CHANGE IN DEDUCTION AMOUNT:

I HEREBY AUTHORIZE YOU, UNTIL FURTHER NOTICE
FROM ME, TO CHANGE THE AMOUNT
OF MY REGULAR DEDUCTION FROM MY PAY FOR _____

(NAME OF DEDUCTION)

SIGNATURE OF EMPLOYEE

AMOUNT

\$

\$

AUTHORIZATION TO DISCONTINUE DEDUCTIONS

I HEREBY AUTHORIZE YOU TO DISCONTINUE _____
(NAME OF DEDUCTION)
DEDUCTION FROM MY PAY FOR SAID AMOUNT EFFECTIVE AS OF ABOVE DATE

AMOUNT

\$

SIGNATURE OF EMPLOYEE

SIGNATURE OF EMPLOYEE

AGENT - AUTHORIZATION BY FUND (SIGNATURE)

DATE ISSUED