



Central County Fire Department

Payroll Deduction & Direct Deposit Authorization Form

Please make the following deductions from my regular payroll checks:

Central County Firefighters Association:	
For Fire Chief / Battalion Chief	_____ \$20.00 biweekly
For Inspectors/Captains/Firefighters	_____ \$77.00 / \$85.00 biweekly
Central County Firefighters Fund	
Long-Term Disability Insurance	_____ \$11.31 biweekly
LegalShield	
Pre-Paid Legal Services (Palin)	\$ _____ monthly

Direct Deposit of Biweekly Payroll Check

*Please note all or part of each payroll check can be deposited directly into one or more bank accounts.
Attach a voided check for each account*

1. Bank Name: _____	Account number _____
Routing number: _____	
Amount of Deposit: \$ _____ or <input type="checkbox"/> Net Pay	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
2. Bank Name _____	Account number: _____
Routing number: _____	
Amount of Deposit: \$ _____ or <input type="checkbox"/> Net Pay	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
3. Bank Name: _____	Account number: _____
Routing number: _____	
Amount of Deposit: \$ _____ or <input type="checkbox"/> Net Pay	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
4. Bank Name: _____	Account number: _____
Routing number: _____	
Amount of Deposit: \$ _____ or <input type="checkbox"/> Net Pay	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other

I acknowledge that these deductions will remain in effect until further written notice is provided to the Payroll Clerk at Fire Administration. Deductions will not be made retroactively.

Employee Name _____ Employee Signature _____
(Please Print)
 Date _____

Payroll Use Only:		
Date Received: _____	Date Processed: _____	Payroll Clerk: _____

Submit form to Paula at Fire Administration