

PAYROLL DEDUCTION AUTHORIZATION

County of Orange

Employee's Name	First	Middle	Last	Department	Agency	Loc
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This Deduction is for Payment To: Orange County Managers Association	Pay Period Effective: Immediately
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All parts of this section must be completed					If Applicable
Social Security Number	Deduction Type*	Deduction Plan*	Either Amount	Or Percentage	Goal Amount:
	OCMA	OCMA	\$ 10 00	%	

*Refer to the back of this form for the deduction type and plan.

1. I hereby authorize the Auditor-Controller of the County of Orange to deduct from salary due me the amount or percentage indicated above, and to pay the same to the proper agent, such deduction to continue until I notify such official in writing. It is expressly understood that amount may be subsequently adjusted to meet rate changes duly prescribed unless I withdraw my membership and deduction authorization.
2. It is expressly understood and agreed that the Auditor-Controller or other disbursing officer, acting under authority of this authorization shall not be liable in any manner for failure or delay on his part on making the payments here authorized, and I agree to save the Auditor-Controller or other disbursing officer harmless from any loss sustained by him for his failure or delay in making any such deductions or payments.
3. I hereby release the County of Orange from any responsibility and/or liability to me on account of said deductions and/or payments herein authorized, and I shall hold the County of Orange an/or its officers blameless therefor in any action which may be brought by me or by others in my behalf; and I waive all claims against the County of Orange to any and all amounts so deducted from my salary and/or wages.

Employee's Signature

Date

Approved By

Date