

**CITY OF HOUSTON**  
**PAYROLL DEDUCTION AUTHORIZATION AND CANCELLATION FORM**

I, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ hereby authorize the City of  
(Print Employee Name / Employee Number / Department)

Houston to ☐ deduct ☐ stop ☐ change \$ \_\_\_\_\_ from my pay each scheduled cycle and remit to

\_\_\_\_\_  
(Company Name, Address, City, State and Zip Code)

\_\_\_\_\_  
(Agent/Representative Name)

\_\_\_\_\_  
(Agent's Phone Number)

in payment of goods and services purchased by me.

I understand **the City of Houston neither sponsors nor endorses the product or services purchased from the above company**, nor does it attest to the worth or value of the product or service. I understand, except when restrictions by federal laws apply, that I may cancel this authorization at any time, in writing, by executing this form. In consideration of the City providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payment specified. I will pay directly to the company any monies not withheld during a payroll cycle. I will report directly to the company any change to my address; however if I fail to do so, I authorize the City to release my address of record to the company. I certify that no portion of this deduction is for any purpose prohibited by City of Houston Legislation.

I further understand that **starting/stopping** any payroll deductions related to **collective bargaining unit membership dues** are subject to additional restrictions and I should contact the Payroll Services Helpdesk at 832-393-8900 for additional instructions.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date Signed)

**Please return this form to the ARA – Payroll Services Customer Service Window at 611 Walker, 2<sup>nd</sup> floor.**

**(TO BE COMPLETED BY ARA – PAYROLL SERVICES)**

\_\_\_\_\_  
(Employee I.D. Number)

\_\_\_\_\_  
(Department)

Check Appropriate Box(es):

		WAGE TYPE	/	PLAN	DATE
<input type="checkbox"/> Start Amount:	\$	_____	/	_____	_____
<input type="checkbox"/> Change if new amount:	\$	_____	/	_____	_____
<input type="checkbox"/> Stop Amount:	\$	_____	/	_____	_____
<input type="checkbox"/> One-Time Deduction:	\$	_____	/	_____	_____
<input type="checkbox"/> One-Time Refund:	\$	_____	/	_____	_____

\_\_\_\_\_  
Payroll Services Staff Signature

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Payroll Services Manager Signature

