

**I want to join my fellow State Employees in the Arizona State Employees Association, AZCPOA-CWA.**

Yes, I want to create positive change in my workplace by joining together with my co-workers in the Arizona State Employees Association, a Chapter of AZCPOA-CWA Local 7010. I know that the only way to accomplish real change is through collective action and I'll do my part!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Job Title \_\_\_\_\_ EIN \_\_\_\_\_

Dept/Agency: \_\_\_\_\_ Work Loc: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

HOME Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Able to receive Text updates? Y / N

Home Address: \_\_\_\_\_ Apt? \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

ASEA/AZCPOA 1414 E. Broadway Rd, Suite 142 Tempe, AZ 85282-1608 602-253-8929 [www.asea-cwa.org](http://www.asea-cwa.org)



**STATE OF ARIZONA  
AUTHORIZATION TO START, CHANGE, OR STOP  
A VOLUNTARY DEDUCTION**

AGENCY ID	EIN	EMPLOYEE NAME

FC A=Start C=Change D=Stop	DED CODE	DEDUCTION DESCRIPTION	DEDUCTION AMOUNT (PER PAY PERIOD)	BEGIN DATE	END DATE
	2999	SECC CONTRIBUTION *			
	3127	DUES - AFSCME			
	3129	INS - AFSCME			
	3131	DUES - AEA			
	3133	DUES - DPS			
	3135	DUES - FOP			
	3137	DUES - AZCOPS (Not available to Department of Correction employees)			
	3139	DUES - APA			
	3141	DUES - CWA			
	3143	DUES - SEIU *			
	3145	DUES - AZCPOA			
	3201	RENT ADOT			
	3203	RENT DPS			
	3207	RENT ADOC			
	3221	RENT PARK			
	3213	ADOC UTILITIES			
	3215	ADOT UTILITIES			
	3409	GRP LIFE - COLONIAL - EE (NO NEW ENROLLEES ALLOWED)			

I hereby request and authorize the State of Arizona to deduct from my pay any deductions I have indicated above as a start or change. I hereby request and authorize the State of Arizona to stop deducting from my pay any deductions I have indicated above as a stop. This authorization will remain in effect until a new authorization is received. I understand that deductions occur on the first and second paydays of the month (24 times per year) unless indicated with a star (\*) which occur every payday (26 times per year).

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**AGENCY USE ONLY**

ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_