



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			
D	3141	DUES - CWA			
	3143	DUES - SEIU *			
A	3145	DUES - AZCPOA	11.00		
	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: ___/___/___