ATTACHMENT C/D

CITY OF HOUSTON
PAYROLL DEDUCTION AUTHORIZATION AND CANCELLATION FORM

I, _____ hereby authorize the City of Houston to
(Print Employee Name)
start deducting $ _____ from my pay each scheduled cycle effective immediately and remit to the:

Dennis W. Holder Scholarship Fund,
c/o HFRRF 4225 Interwood North Parkway, Houston, TX 77032
(Company Name, Address, City, State and Zip Code)

Anthony J. Tamborello (281) 469-6568
(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 request directly from 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.

Employee Signature:_____ Date Signed _____

Social Security #:_____

(TO BE COMPLETED BY DEPARTMENT PAYROLL CLERK)

Employee ID: _____ Dept. Number: _____ Dept. Name: _____

Check Appropriate Box(es):

		TYPE/PLAN	DATE
☐ Start Amount:	$_____	_____/_____	_____
☐ Change if new amount:	$_____	_____/_____	_____
☐ Stop Amount:	$_____	_____/_____	_____
☐ One Time Deduction:	$_____	_____/_____	_____
☐ One Time Refund:	$_____	_____/_____	_____

_____ _____ _____
Department Payroll Clerk Date Prepared Department Head

Mail completed form to Houston Firefighters' Relief & Retirement Fund, 4225 Interwood North Parkway, Houston, TX 77032-3866