CITY OF HOUSTON
PAYROLL DEDUCTION AUTHORIZATION & CANCELLATION FORM

_____ Hereby authorize the City Of Houston to **deduct**/stop $_____ from my paycheck each scheduled cycle and remit it to:

Blue Santa Program, Inc 8300 Mykawa Houston, TX 77048
(Company Name and Address / City, State and Zip Code)

Officer / Houston Police Department (713) 731-5106 or (281) 924-3004
(Agent / Representatives Name) (Agent's Phone No.)

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 services. I understand, except when restrictions to federal laws apply, that I may cancel this authorization at any time, in writing, by executing Form 6 (revised 10/91). 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 payroll cycle. I will request directly form the company and changes 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 a Political Action Contribution (PAC) or any other purposes prohibited by City of Houston Legislation.

Employee Signature:_____ Date:_____
Payroll:_____

(TO BE COMPLETED BY PAYROLL CLERK)

Payroll#_____Dept No.:_____ Dept Name:_____

CHECK APPROPRIATE BOX(ES)

( ) Start Amount: _____ ____/____ _____ _____
( ) Change if New Amt: _____ ____/____ _____ _____
( ) Stop Amount: _____ ____/____ _____ _____
( ) 1 time Deduction: _____ ____/____ _____ _____
( ) 1 Time Refund _____ ____/____ _____ _____

_____ _____ _____
Payroll Clerk **Date Prepared** **Department Head**