## **Voluntary Deduction Authorization Form**

	voluntary Deduction	Aumonization	TOTH
Employee ID	Last Name		First Name
Membership			
	VENDOR	CODE	NEW MONTHLY AMOUNT
ALBEM		831	
ACSA		830	
CAL ASSOC OF EDUCATORS		836	
CAL ASSOC OF SCHOOL PSYCHOLOGISTS		919	
CASSA		837	
Union Dues**  ** Employees must contact their	respective Union for any new enrollment or c	hanges.	
CSEA (MEMBER DUES)		071/850	
CSEA –VICTORY CLUB		930	
TALB (MEMBER DUES)		834	
Organizations*			
VENDOR		CODE	NEW MONTHLY AMOUNT
BROTHERHOOD CRUSADES		917	
LONG BEACH EDUCATION FOUNDATION		918	
UNITED WAY CAMPAIGN		916	
Credit Unions (must hav	e an active account with credit u	ınion)*	
VENDOR		CODE	NEW MONTHLY AMOUNT
FIRST FINANCIAL CREDIT UNION (not TSA)		905	
LBS FINANCIAL CREDIT UNION (not TSA)		903	
SCHOOLS FIRST CREDIT UNION (not TSA)		907	
Fill In For Existing Vendo	or Not Listed Above		
	VENDOR	CODE	NEW MONTHLY AMOUNT
are requested by checkin  This will be effective in th  Employee must contact ii  Employee must contact I  *YEAR-ROUND EN AND EXISTING VO BE DEDUCTED 12	ng the box below. the next available pay period based insurance companies for any new error Shelter Annuity (TSA) and 457 MPLOYEES: CHECK THIS BOX IF DLUNTARY DEDUCTION AMOUNTARY	on the date received enrollments or change plan administrators for YOU WANT 12 ANN TS IN "ORGANIZATIO	s. or any new enrollments or changes. UAL DEDUCTIONS. ALL NEW DNS" AND "CREDIT UNIONS" WILL
EMPLOYEE SIGNATURE		<del></del>	DATE