



Payroll Deduction Authorization Form Texans Credit Union

ALL FORMS MUST BE TURNED INTO THE AUDITOR'S OFFICE VIA WALK-IN, FAX (214-653-6471), SCANNED TO THE payrollhotline@dallascounty.org, OR INTER-OFFICE MAIL

Employee's Name:	<i>(Last)</i>	<i>(First)</i>	<i>(MI)</i>	Assignment #
Pay Period each month				
AMOUNT	1 st	2 ND	3 RD (if occurring)	
<p>I hereby authorize my employer Dallas County to deduct from my salary the amounts set forth above for each payroll period following the receipt of the authorization form and deposit these funds at the Texans Credit Union. If this is a change to my previous authorization, this form cancels all previous authorization forms. I understand the newly authorized deductions will be effective the first pay period following the authorization date and will remain in effect until a new authorization form is submitted.</p> <p>Signature _____ Authorization _____ Date _____</p>				