DEDUCTION AUTHORIZATION OR CANCELLATION
Payroll Department – City of Ripon

NAME _____

Name of Payroll Deduction _____

Effective Pay date _____

Check one

☐ I wish to set-up a new deduction for _____

☐ I do not wish to become a participant in the City of Ripon Money Purchase Thrift
   Pension Plan

☐   I wish to change existing deduction from _____ to _____

☐ I wish to cancel existing deduction

I authorize the above action to be taken for my deduction bi-weekly and agree to its remittance in accordance with schedules established by the City of Ripon. I realize that this authorization must be in the Payroll Office at least ten days prior to the effective pay date.

_____
Signature

_____
Date

_____
Daytime Phone #