



PAYROLL DEDUCTION FORM FOR HOUSTON FIRE MUSEUM MEMBERSHIP

Please Print

TITLE/RANK: _____

FIRST NAME: _____ MIDDLE: _____ LAST: _____ SUFFIX: _____

EMAIL: _____ PAYROLL NUMBER: _____

ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

NEW MEMBER

UPGRADE MEMBERSHIP

BELOW IS MY COMPLETE PAYROLL DEDUCTION FORM FOR:

\$1.50/Month - Individual

\$2/Month - Dual

\$4.00/Month - Family

For complete list of Membership Benefits, visit www.houstonfiremuseum.org/membership.

CITY OF HOUSTON PAYROLL DEDUCTION AUTHORIZATION AND CANCELLATION FORM

I, _____ hereby authorize the City of Houston to Deduct/Stop \$ _____
(PRINT NAME) (AMOUNT)
from my pay each scheduled cycle and remit to _____ Houston Fire Museum, PO Box 541535 Houston, TX 77254 .
(COMPANY NAME AND ADDRESS/ CITY, STATE, ZIP)

Kate Ryther / Director
(Agent/Representative Name)

713.524.2526

(Agent Phone)

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 by federal laws apply, that I may cancel this authorization at any time, in writing, by executing a Form 6 (revised 10/19). 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 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 any purpose prohibited by City of Houston Legislation.

Employee Signature: _____ Date Signed: _____

(TO BE COMPLETED BY PAYROLL CLERK)

EMPLOYEE ID: _____ DEPT. #: _____ DEPT. NAME: _____

CHECK APPROPRIATE BOX(ES) TYPE / PLAN DATE

[]Start Amount _____ / _____ / _____

[]Change if new amount _____ / _____ / _____

[]Stop Amount _____ / _____ / _____

NAME _____

DATE _____

SUPERVISOR _____