

**LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION
PAYROLL DEDUCTION / CANCELLATION AUTHORIZATION**

(If new retiree, must wait until after first check has been received in order to complete & process form)

Agency Code 56	Agency Name Southland Credit Union	PDG# 10
Retiree Name (Last, First)		Social Security Number Mandatory
NEW	REMOVE	CHANGE
		Old Amount \$
		New Amount \$
<p>I hereby authorize the Board of Retirement to cancel the deduction, or to deduct monthly from my retirement warrants issues by Los Angeles County Employees Retirement Association, the amount show hereon and to pay the same to the proper agent. This authorization cancels and replaces any previously signed by me for this purpose and shall remain in effect until cancelled by me, by written notice. However, if all or any portion of this deduction as may be required to comply with adjustment in premiums under existing contracts with said insurance plans or to comply with changes in dues schedules determined by said organizations's constitution, charter by-laws, or other applicable legal requirements.</p> <p>It is expressly understood and agreed that the Board of retirement or other disbursing officer acting under this authorization shall not be liable in any manner for failure or delay on his/her part in making the deductions or payments here authorized and I agree to save the Board of Retirement or other disbursing officer harmless from any loss sustained by me for this failure or delay in making any such deductions or payments.</p>		
Signature: _____		Date: _____
<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	