



## Payroll Deduction Request

**Agency:**

**Employee Name:**

**Deduction Effective Date:**

**Deduction Amount**  
(per pay period):

**\$5.00**

**\$10.00**

**Other**

**Salt Lake Valley Police & Fire Foundation**

Mountain America Credit Union

C/O SL Valley Police & Fire Memorial Foundation

PO Box 2331

Sandy, Utah 84091

**Payroll Deduction:** Please include reference 0863

Routing #3240 7955 5

I hereby authorize my employer to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount due or owing upon my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck or any other amounts owed to me. I further understand and agree that deductions will be made after all mandatory taxes and employer programs which I have enrolled, for which I am eligible, or to which I have agreed.

**Employee Signature:**

**Date:**