

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

DEPT 101

AGENCY CODE 53	AGENCY NAME F&A FEDERAL CREDIT UNION				A.C.#
RETIREE NAME (LAST, FIRST)					S.S. #
<input type="checkbox"/> NEW	<input type="checkbox"/> REMOVE	<input type="checkbox"/> 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 issued by Los Angeles County Employees Retirement Association, the amount shown hereon and to pay the same to 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 authorization includes insurance premiums and/or organization due, I hereby authorize LACERA to adjust from time-to-time the amount of this deduction as may be required to comply with adjustments in premiums under existing contracts with said insurance plans or to comply with changes in dues schedules determined by said organization'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 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 his failure or delay in making any such deductions or payments.</p>					
SIGNATURE					DATE