

**CITY OF AURORA**

**PAYROLL DEDUCTION FORM (APA MEMBERS)**

I hereby authorize deduction from my earnings, to be paid to the Aurora Police Association for:

- Regular Dues
  - Membership Dues
  - Initiation Fees
  - General or Special Assessments
  
- Associate Membership Dues

The Aurora Police Association shall certify to the City the amount of such membership dues on an annual basis, and shall certify any membership or initiation fees, and general or special assessments as they occur and I agree that the amounts so certified may be deducted.

The undersigned employee understands said request for starting payroll deductions will become effective with the next regularly scheduled pay date and shall remain in effect until the Payroll Office of the City of Aurora has received written notice on forms acceptable to the Payroll Office evidencing the undersigned's authorization to cancel the deduction. Under no circumstances will payroll deductions be returned to the employee on a retroactive basis.

The undersigned City employee further agrees to release and hold harmless the City of Aurora, Colorado, its employees, agents, servants, officials, elected or appointed officials, in connection with said payroll deduction and payment to the Aurora Police Association.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Department: \_\_\_\_\_