



Sacramento Metropolitan Fire District

2101 Hurley Way * Sacramento, California 95825-3208 * Phone (916) 566-4000 * Fax (916) 566-4200

Payroll Deduction Authorization Form (This form is designed to be completed on-line)

RICK MARTINEZ
Fire Chief

ID # : _____ Name: _____

Please process the following payroll deductions according to the instructions that I have checked.

New /Change/ Delete			Deduction Name	Total Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CA State Firefighters Assoc. (CSFA)	[5220] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deferred Compensation (VALIC)	[3399] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firefighters' Burn Institute	[5150] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mills One (1) Club	[5260] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myers-Stevens	[3510] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERS-Long Term Care	[3540] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pioneer Mutual Hook & Ladder Society	[5270] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sac Area Fire Chaplaincy	[5030] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sac Metro Firefighters Assoc	[5280] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sac Metro FF Widow/Orphan Fund	[5160] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sacramento Fire Buffs	[5420] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Fund	[5130] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Union Dues	[(228) - 5240] [5250] _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	United Way	[5100] _____

Please use the Direct Deposit Authorization Form to have a portion or your entire net pay directly deposited into the financial institution(s) of your choice.

Signature Date

SEND COMPLETED FORM TO:
FIREFIGHTERS BURN INSTITUTE
3823 V Street, Suite 4, Sacramento, CA 95817
(916) 739-8525 | (916) 455-4376 | www.ffburn.org

(Payroll's use)

Payroll Initials: _____ Date: _____