

# AUTHORIZATION FOR AUTOMATIC PAYROLL DEDUCTION

**TO:** President, Staff Association (GSB 622)

**FROM:** \_\_\_\_\_ Extension \_\_\_\_\_

**RE:** Authorization to deduct monthly contribution from my salary

**I AUTHORIZE DFS:**

To make monthly automatic payroll deductions of \$ \_\_\_\_\_ from my OAS basic salary, payable to the OAS Staff Association, beginning on (MM/YY) \_\_\_\_\_.

The monthly deduction will be at the rate of 0.04% of my basic salary, according to my grade and step (see table on the other side of this sheet). This deduction will automatically be adjusted at the same rate whenever my salary is increased in the future and will allow me to benefit from the different programs offered by the Staff Association, including the Loyalty Benefit Fund.

Employee number \_\_\_\_\_ Current step and grade \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

.....

**DESIGNATION OF BENEFICIARY**

**Name of Employee** \_\_\_\_\_

(Last name)                      (First Name)                      (Middle Initial)

I, the employee identified above, hereby designate the person or persons below as my beneficiary or beneficiaries of the amount to which I am entitled to by virtue of my contribution to the Loyalty Benefit Fund of the Staff Association of the Organization of American States.

**Information Concerning Beneficiary or Beneficiaries**

Full name	Relationship	Age	Address and telephone number

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

\_\_\_\_\_ Employee signature

**WITNESSES:**

Name and signature:	Address and telephone number:
Name and signature:	Address and telephone number:

\*Please return this form to the Staff Association, GSB 622.  
Updated 8/13/2015