



PAYROLL DEDUCTION / CANCELLATION AUTHORIZATION				
AGENCY CODE: 50		AGENCY NAME: LA FINANCIAL Credit Union		
Retiree Name:			Account Number:	
			Social Security Nbr:	
			Old Dollar Amount:	New Dollar Amount:
NEW	CANCEL	CHANGE	\$	\$

I hereby authorize the Los Angeles County Employees Retirement Association (LACERA) to change, cancel or start a new monthly deduction from my retirement warrant in the amount shown above, and to pay that amount to the proper agent. This authorization cancels and replaces any prior authorization and will remain in effect until I submit a change in writing.

If all or any portion of this authorization deduction includes insurance premiums and/or organization dues, I authorize LACERA to adjust the amount of this deduction from time-to-time as may be required to comply with dues or premium changes made in accordance with existing contracts, organization constitutions, charters, bylaws or other applicable legal requirements.

I understand and agree that LACERA, or any other disbursing officer, acting under this authorization shall not be held liable in any manner for failure or delay in making the deductions or payments here authorized, nor be held responsible for any loss sustained by me due to their failure or delay in making any such deductions or payments.

Signature

DATE