

AGENCY ID	EIN	Employee Full Name (Please Print)

I hereby make application for membership in Arizona Staff Assault Task Force (AZSATF) and hereby authorize AZSATF to make a monthly \$12.00 recurring charge to my credit card attached with membership into AZSATF. This charge will be discontinued once AZSATF receives a payroll deduction code from the State of Arizona.

This authority will remain in effect until AZSATF is notified by **me** in writing to cancel it in such time as to afford AZSATF and Credit Card Company a reasonable opportunity to act on it.

As a member of AZSATF, I receive a **Benefit** in an issuance of a **\$10,000** Life Insurance Policy.

AZSATF
2753 E. Broadway Rd.
Suite 101-485
Mesa, AZ 85204
(866) 936-6567

Member Birth Date _____

Members Email _____

Members Address _____

Members Contact # _____

Beneficiary Full Name _____

Beneficiary Birth Date _____

Beneficiary Relationship _____

EMPLOYEE'S SIGNATURE _____ DATE: _____

Complete Only If Requested:

Type of Card _____

Card Number _____

Expiration Date _____

CRV _____



A VOLUNTARY DEDUCTION

AGENCY ID	EIN	EMPLOYEE NAME

FC A=Start C=Change D=Stop	DED CODE	DEDUCTION DESCRIPTION	DEDUCTION AMOUNT (PER PAY PERIOD)	BEGIN DATE	END DATE
	2999	SECC CONTRIBUTION *			
	3127	DUES - AFSCME (Not available after 7/20/12)			
	3129	INS - AFSCME (Not available after 7/20/12)			
	3131	DUES - AEA			
	3133	DUES - DPS			
	3135	DUES - FOP			
	3137	DUES - AZCOPS (Not available after 7/20/12)			
	3139	DUES - APA			
	3141	DUES - CWA			
	3143	DUES - SEIU * (Not available after 7/20/12)			
	3145	DUES - AZCPOA			
	3201	RENT ADOT			
	3203	RENT DPS			
	3207	RENT ADOC			
	3221	RENT PARK			
	3213	ADOC UTILITIES			
	3215	ADOT UTILITIES			
	3409	GRP LIFE - COLONIAL - EE (NO NEW ENROLLEES ALLOWED)			
A - Start		DUES-AZSATF	\$6.00	07-01-2013	

I hereby request and authorize the State of Arizona to deduct from my pay any deductions I have indicated above as a start or change. I hereby request and authorize the State of Arizona to stop deducting from my pay any deductions I have indicated above as a stop. This authorization will remain in effect until a new authorization is received. I understand that deductions occur on the first and second paydays of the month (24 times per year) unless indicated with a star (*) which occur every payday (26 times per year).

EMPLOYEE'S SIGNATURE: _____ DATE: ____/____/____

AGENCY USE ONLY

ENTERED BY: _____ DATE: ____/____/____