

## AUTHORIZATION TO BEGIN EMPLOYEE ORGANIZATION DUES DEDUCTION

I hereby authorize the HOUSTON INDEPENDENT SCHOOL DISTRICT (HISD) to deduct as shown below and remit to

**Houston Area Association for Bilingual Education**

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Social Security No.											

Employee ID No.					

Per Payday Amount					

9	0	0	0
Total Annual Dues			

Last Name															

											3	4	6
First Name													

Date							

Street _____	City _____	Zip _____	Tel/ Cell _____
e-mail _____			

## AFFIDAVIT

My signature below affirms my understanding that:

- ❖ this payroll deduction is a service offered by HISD for its employees and HAABE.
- ❖ the deduction will begin on the next regularly scheduled payroll provided this form is received by HISD at least eight working days prior to that payroll
- ❖ all communications concerning this transaction should be directed to HAABE
- ❖ the organization's annual dues may change from year to year
- ❖ **this authorization is valid as long as I am employed by HISD unless I countermand it with a properly completed STOP DEDUCTION form.**

Dues paid to the organization may not be deductible for federal income tax purposes; however, under limited circumstances dues may qualify as a business expense.

Signature of Employee	Employee Name (Please Print)
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Please send this form to the Payroll department attention to: Ms. Margarita Ybarra.