

***Collier County Association of Educational
Office and Classroom Assistant Personnel***



Last Name First Name Middle Initial

Mailing Address: _____

School/Worksite: _____ ID Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Home email address: _____

I authorize the Collier County Association of Educational Office and Classroom Assistant Personnel (CCAEOCAP) to initiate the scheduled membership payment each payroll period to coincide with CCPS payroll dates in the amount as annually certified by said Association. If the payment date falls on a date that the bank does not process payments, the payment will be deducted on the next day that the bank does process payment. I agree to maintain sufficient funds in my deposit account to permit the automatic transfer described above.

Account Name (if different than above): _____

Financial Institution Name: _____

Bank Routing Number: _____

Account Number: _____

This authorization shall remain in full force and effect for all purposes while I am employed by this school district or until revoked by me upon thirty (30) days advance written notice to the CCAEOCAP. The annual dues payments to the CCAEOCAP may be deductible as a miscellaneous deduction for federal income tax purposes.

Employee Signature: _____ Date: _____

Recruiter Signature: _____ Date: _____



TERMINATION OF PAYROLL DEDUCTIONS

Reset Form

This form cannot be
used to change a
deduction amount.

TO: PAYROLL DEPARTMENT	DATE: _____
FROM: _____ (please print)	EID: _____
Please DISCONTINUE deduction(s) and/or Direct Deposit listed below.	
Effective Date: _____	Signature: _____

CHECK APPROPRIATE DEDUCTION(S)			
<input type="checkbox"/> Collier County Parks/Rec	<input type="checkbox"/> Direct Deposit		
<input type="checkbox"/> Horace Man Auto Insurance	<input type="checkbox"/> NCH Wellness		
<input type="checkbox"/> Suncoast Credit Union - Deduction	<input type="checkbox"/> TIGER Dues		
<input type="checkbox"/> UNION Dues	<input type="checkbox"/> United Way Fund		
AIG Retirement/Valic <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	American Century <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		
AXA - Equitable <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	Great American Life/Galic <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		
Horace Mann Life Ins Co <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	ING/Northern Life <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		
Lincoln Investment <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	Massmutual Life Ins Co <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		
Metropolitan Life Ins Co <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	Midland National Life <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		
National Life Group <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	Plan Member Svc Corp <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		
Suncoast Credit Union <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth	Waddell & Reed <input type="checkbox"/> 403B <input type="checkbox"/> 457 <input type="checkbox"/> Roth		