

FIRE-ACTIVE

Last 4 of SSN

FUND

MEMBER NAME

BI-WEEKLY
DEDUCTION

**AUTHORIZATION FOR PAYROLL DEDUCTION
REPAYMENT OF AN EMERGENCY ADVANCEMENT
FROM THE RELIEF DEPARTMENT OF THE LOS ANGELES FIREMEN'S RELIEF ASSOCIATION**

Controller, City of Los Angeles

I hereby authorize the deduction at the rate of \$_____ Bi-weekly from my salary to cover my payments for reimbursement of a Relief Department Emergency Advancement.

This authorization will stay, in effect until cancelled by the Los Angeles Firemen's Relief Association at such time as this Advancement is repaid.

Signature of Employee

Date

Name (Print)

Last 4 of SSN

FIRE PENSION

Home Address

Zone

Department

**AUTHORIZATION FOR PAYROLL DEDUCTION
REPAYMENT OF AN EMERGENCY ADVANCEMENT
FROM THE RELIEF DEPARTMENT OF THE LOS ANGELES FIREMEN'S RELIEF ASSOCIATION**

To: Controller, City of Los Angeles

I hereby authorize the deduction at the rate of \$ _____ per month from my Pension to cover my payments for reimbursement of a Relief Department Emergency Advancement.

This authorization will stay in effect until cancelled by the Los Angeles Firemen's Relief Association at such time as this Advancement is repaid.

Signature of Employee

Date