

ORANGE COUNTY FIRE AUTHORITY PAYROLL DEDUCTION AUTHORIZATION

Employee ID Number	Employee's Full Name	Home Email Address	Phone Number
Deduction Code	Deduction Name	Biweekly Amt.	Pay Period Effective
ESD	Emerald Society	\$2	ASAP

OCFES membership is open to all OCFA employees including operations and headquarters civilian staff

1. I hereby authorize the Orange County Fire Authority to deduct from salary due me the amount indicated above and to pay the same to the proper agent, such deduction to continue until I notify such official in writing.
2. It is expressly understood and agreed that the Orange County Fire Authority or other disbursing officer, acting under authority of the authorization shall not be liable in any manner for failure or delay on his part on making the payments here authorized, and I agree to save the Orange County Fire Authority or other disbursing officer harmless from any loss sustained by him for his failure or relay in making any such deductions or payments.
2. I hereby release the Orange County Fire Authority from any responsibility and/or liability to me on account of said deductions and/or payments herein authorized, and I shall hold the Orange County Fire Authority and/or its officers blameless therefore in any action which may be brought to me or by others in my behalf; and I waive all claims against the Orange County Fire Authority to any and all amounts so deducted from my salary and/or wages.

Employee Signature

Date

Approved by (**Payroll Use**)

Date

Orange County Firefighters Emerald Society

