

**PAYROLL DEDUCTION AGREEMENT
WITH THE
CITY OF MCALLEN**

I, _____, the undersigned Employee of the CITY OF MCALLEN,
hereby authorize the CITY OF MCALLEN treasurer or comptroller or other appropriate City
Official to make payroll deductions from my pay in the amount of \$ 20.50 **per pay period**
and to submit this payment to the Association indicated below:

 X McAllen Professional Law Enforcement Association (MPLEA)

This authorization and request may be revoked only after 180 days from the date this form was signed and must
be made by written notice of revocation in a form prescribed and provided by the municipal treasurer or
comptroller and filed by the Employee.

In consideration of such payroll deduction, I the undersigned Employee, hereby release the
CITY OF MCALLEN and its Employees from all liability and waive all errors, if any, made by
way of the deduction or failure to make a deduction.

EXECUTED this _____ day of _____, 20____.

Employee Number

Employee Signature

Employee Name Printed