



If an increase or decrease is requested and the new total deduction amount (No. 6) is not filled in by me, it is understood that the increase or decrease will be added or subtracted by the (A.E.O.E) to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases up to a maximum of \$25.00 per year and insurance premium increases not over 15% per year for the same basic coverage, may be made at the direction of (A.E.O.E), without execution on my part of a new salary deduction authorization card only if (A.E.O.E) verifies in writing to the District that blanket notification has been made to its membership of such increase and only if (A.E.O.E) agrees to refund any deduction containing the increase if, requested by me in writing to (A.E.O.E) within 30 days from the date the first increased deduction is made.

I further understand and agree that Los Angeles Unified School District Board of Education or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction payment herein authorized.

This authorization shall remain in force until cancelled by written notice from (A.E.O.E) or myself.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approved by: The Association of Educational Office Employees

Employee No: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Pay Period: \_\_\_\_\_

This salary deduction authorization must be received by the Deduction Control Unit of the Payroll Branch by the first Thursday after your regular payday (not ESA payday) in order to be effective for your next regular payday.

PNL222

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