

For QCD Use Only:
Start Deductions on: _____

NLLEO Deduction Form

DENTAL BENEFITS

Effective Date: _____
Deduction Name: QCD of America
Deduction Wage Type: Dental
Premium Amount: _____

VISION BENEFITS

Effective Date: _____
Deduction Name: QCD of America
Deduction Wage Type: Vision
Premium Amount: _____

Total Deduction Amount: _____

Signature _____ Date _____

BELOW MUST BE COMPLETED BY MEMBER

I hereby authorize the City of Dallas, City Manager, and City Auditor to deduct and pay to the organization

**THE GREATER DALLAS CHAPTER
NATIONAL LATINO LAW ENFORCEMENT ORGANIZATION (NLLEO)**

_____ per month from salary or wages as provided by resolution of the City Council of the City of Dallas, April 10, 1972. I understand that these funds will be used to pay for the benefits plans that I have with said organization. This authorization is effective first deduction period after submitted and shall continue until cancelled.

Signature: _____ Date: _____

Department: _____ Employee Number: _____ Badge #: _____ Payroll **LEOI**

