



The Mesa Police Association

Centennial Center, 123 N. Centennial Way Suite #207 Mesa, Arizona 85201 Phone: (480) 641-1787

www.MesaMPA.Com

E-Mail: MPA@MesaMPA.Com

Mesa Police Association Membership Application

Date: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City e-mail: _____

Home e-mail: _____

Current assignment: _____

Please indicate here if you have a spouse that is a Mesa Police sworn or dispatch employee that you want to include in your membership

Spouse's name: _____

Please complete this form and the attached payroll deduction form and forward to Nate Gafvert at Central or Fabian Cota at Metro. Your payroll deduction can take up to 2 pay periods to appear on your check. Also included is a payroll deduction form for the MPA PAC (Political Action Committee) fund. The PAC fund is money dedicated to support political candidates and issues that benefit Mesa Police Officers and Law Enforcement as a whole. This fund is **VOLUNTARY**. Please note that you must include a dollar amount on the PAC fund direct deposit form if you choose to contribute.

If you have any questions please call the MPA REP line at 480-215-4MPA.

Representing Police Officers with Professionalism, Integrity & Pride

MPA MEMBERSHIP FORM

AUTHORIZATION FOR DIRECT DEPOSIT ADD / CHANGE / DELETE

Employee Name _____ Employee Number _____

Employee Signature _____ Date _____

ADD - New Direct Deposit

I authorize the City of Mesa to withhold from each payroll check the amount of \$ 15.00 OR NET (100%) PAY and forward the funds to the following financial institution to be deposited as follows:

Financial Institution Name Arizona Federal Credit Union Account Number 811331 Checking Savings

CHANGE -Amount Of An Existing Direct Deposit

I authorize the City of Mesa to change the amount deposited into my existing direct deposit to:

Financial Institution Name _____ Account Number _____ Checking Savings

Effective immediately, the biweekly withholding should be changed: FROM \$ _____ TO \$ _____

DELETE -An Existing Direct Deposit

I authorize the City of Mesa to DELETE my existing direct deposit to: Checking Savings

Financial Institution Name _____ Account Number _____ Amount \$ _____

DIRECT DEPOSIT AUTHORIZATION FOR POLICE PERSONNEL

Employee Name _____ Employee ID _____

Employee Signature _____

Date _____ Current Amount _____ \$15.00

Arizona Federal Credit Union ABA 3221-727-97

Checking Account # 811331

I authorize the City of Mesa to withhold an annual amount up one percent (1%) of police officer pay at "G" step. The amount will change annually as cost of living adjustments are approved and this authorization is in force for the duration of my employment with the City of Mesa.

The annual amount shall be divided equally among the pay periods in the calendar year and will not affect other contributions I've authorized to this account.

**AUTHORIZATION FOR DIRECT DEPOSIT
ADD / CHANGE / DELETE**

Employee Name _____

Employee Number _____

Employee Signature _____

Date _____

ADD -New Direct Deposit

I authorize the City of Mesa to withhold from each payroll check the amount of \$ _____ OR NET (100%) PAY and forward the funds to the following financial institution to be deposited as follows:

Financial Institution Name Arizona Federal Credit Union Account Number 575883 Checking Savings

CHANGE -Amount Of An Existing Direct Deposit

I authorize the City of Mesa to change the amount deposited into my existing direct deposit to:

Financial Institution Name _____ Account Number _____ Checking Savings

Effective immediately, the biweekly withholding should be changed: FROM \$ _____ TO \$ _____

DELETE -An Existing Direct Deposit

I authorize the City of Mesa to DELETE my existing direct deposit to: Checking Savings

Financial Institution Name _____ Account Number _____ Amount \$ _____