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FSA-444
(05-06-97)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY

1. Name and Address of Employee	2. Social Security Number
	3. County

4. **Type of Allotment** *(Check one)*

☒ **NASCOE DUES**. I hereby authorize the County FSA Office to deduct from my pay on a biweekly basis the amount certified as the regular dues of NASCOE. I further authorize any change in the amount which is certified by NASCOE as a uniform change in its dues structure. Dues withheld will be remitted to NASCOE in accordance with its arrangements with FSA.

Per Pay Period begin PP 12 (2007) $______________

☐ **NAFEC DUES**. I hereby authorize the County FSA Office to deduct from my pay on a quarterly basis the amount certified as the regular dues of NAFEC. I further authorize any change in this amount which is certified by NAFEC as a uniform change in its dues structure. Dues withheld will be remitted to NAFEC in accordance with its arrangements with FSA.

☐ **SUPPLEMENTAL INSURANCE COVERAGE**. I hereby authorize the County FSA Office to deduct from my pay on a biweekly basis the amount certified as the premium for insurance elected by me through the NASCOE authorized carrier. Premiums withheld will be remitted to the NASCOE authorized carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE authorized carrier if I want to continue my insurance coverage.

I understand this authorization must be filed with the County FSA Office at least 3 days before the end of the pay period in which the first deduction will be made.

I further understand this authorization will be terminated at any time I give the County FSA Office written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.

5. **Termination of Allotment** *(Check One)*

I request payroll deduction for the following allotment be terminated on the first day of pay period ______________ .

NASCOE Dues ☐ NAFEC Dues ☐ Supplemental Insurance Coverage ☐

6. Signature of Employee	Date *(MM-DD-YYYY)*

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