



DSA Store

Payroll Deduction Authorization Contract

"The Strength Behind The Badge"

One item per deduction form. There will be no refunds on special orders. Orders must be picked up within 2 months of the order's completion date or a refund will be submitted. Customer must complete terms agreed upon in this contract.

Name:	Member ID#:
Phone:	Email:
Model:	Make:
Serial #:	# of payroll: 4 PR 6PR 8PR
Total Cost:	Amount per pay:
PR # begin:	PR # complete:

I authorize the DSA to deduct the amount listed in the above contract and agree to the terms as listed.

Signature: _____ Date: _____

Return this form in-person or via email to store@dsasd.org