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## MEMORANDUM

**TO:** Payroll Division, Comptroller's Office, Town of Hempstead  
Fax: 516-505-3785

**FROM:** CSEA Local 880, Town of Hempstead Employees

**DATE:** \_\_\_\_\_

**RE:** CSEA Legal Assistance Program

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This is to inform you that I , \_\_\_\_\_  
Social Security # (last four numbers) \_\_\_\_\_ and assigned to the  
Department of \_\_\_\_\_  
authorize continuous payroll deductions for the CSEA Legal Assistance Program at \$4.50  
per pay period, payable to the Morici & Morici, LLP Law Firm as producer of said program.

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Member's Signature

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Date