



FIREFIGHTER FACT PAC

Check-Off Authorization Form

I hereby authorize and direct you, as my employer, to deduct the sum of \$_____ per pay period and remit that amount to FIREFIGHTER FACT PAC.

This authorization shall remain in full effect until revoked by me in writing on the appropriate form and is made voluntarily upon my specific understanding that:

- (1) The signing of this authorization card and the making of these voluntary contributions are not conditions of membership in the union or of employment by me employer;
- (2) I may refuse to contribute without reprisal; and
- (3) The FIREFIGHTER FACT PAC, which is affiliated with the Professional Firefighters/Paramedics of Palm Beach County, Local 2928, I.A.F.F., Inc. uses money received for political purposes including, but not limited to, making direct contributions to candidates, conducting expenditures on behalf of candidates, and addressing political issues of public importance.

This authorization shall remain in full force and effect until revoked on the appropriate form in writing by me with the Professional Firefighters/Paramedics of Palm Beach County, Local 2928, I.A.F.F., Inc.

FIREFIGHTER FACT PAC Check-Off Authorization Card

Last Name: _____

First Name: _____ Date: _____

Signature: _____

IAFF Membership #: _____ Department ID #: _____