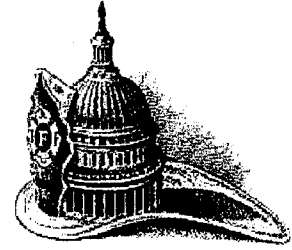


FIREFIGHTER FACT PAC



WITHDRAWAL AUTHORIZATION FORM

I hereby request that my previously authorized deduction of \$ _____ per pay period be stopped effective on _____. I understand the deductions will be stopped only upon receipt of this form by the Clerk of the Circuit Court's Office and that there will be no refunds of previously donated monies.

Last Name _____

First Name _____

Signature _____

IAFF Membership # _____

Date _____

Department ID # _____

Contributions to FIREFIGHTERS FACT PAC are not deductible as charitable contributions for federal income tax purposes.