

APPENDIX C

PAYROLL DEDUCTION AUTHORIZATION

LOCAL 3080, METRO BROWARD PROFESSIONAL FIRE FIGHTERS, INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS REVOCATION OF PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____ Employee #: _____

Employer: _____ Date: _____

I hereby authorize the Payroll Department to **stop** the payroll deduction of Union dues from my wages to the Local 3080, Metro Broward Professional Fire Fighters, International Association of Fire Fighters.

Employee Signature

District Vice President or Treasurer Signature

LOCAL 3080, METRO BROWARD PROFESSIONAL FIRE FIGHTERS, INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____ Employee #: _____

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