Authorization Form
Voluntary Payroll Deduction

185-09

AFSCME Council# _____ **Local#** _____

Deduction Per Pay Period

❑$8 ❑$6 ❑$4 ❑Other_____

How many pay periods per month?_____

For Office Use Only

❑ JACKET RECEIVED

I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified in the box provided as a voluntary contribution to be paid to the treasurer of American Federation of State, County & Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O. Box 65334, Washington, D.C. 20035-5334, to be used for the purpose of making political contributions and expenditures.

My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke this authorization at any time by giving written notice.

_____

Signature Date

In accordance with the federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

PLEASE PRINT CLEARLY

First Name: _____ MI: _____

Last Name: _____

Street: (no PO Boxes) _____

City: _____

State: _____ Zip: _____ S.S. Number: (Last 4 Digits) _____

Employer: _____

Occupation: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____