

UFF-PAC PAYROLL DEDUCTION AUTHORIZATION FORM

United Faculty of Florida – Political Action Committee
115 N Calhoun St, Ste 6
Tallahassee, FL 32301
850-224-8220

Please Print:

University/College _____ Dept.: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

UFF-PAC Payroll Deduction (For State University Employees)

I authorize the Board of Trustees, through the University, to deduct from my pay, starting with the first full biweekly pay period commencing not earlier than seven full days from the date this authorization is received by the University, contributions to the UFF-Political Action Committee in the amount of \$1.00 per pay period, and I direct that the sum so deducted be paid over to the UFF.

The above deduction authorization shall continue until either revoked by me through written notice to my University personnel office or my transfer out of this bargaining unit.

Member's Signature

Date

Please return your completed form to:

UFF-PAC
115 N Cahlhoun St, Ste 6
Tallahassee, FL 32301