



Authorization Form Voluntary Payroll Deduction

086-10 - 5/07

AFSCME Council# 57 Local# 101**Deduction Per Pay Period** \$8.35 \$4.20 Other \$ _____

Pay periods per month? _____

Circle jacket size:

S M L XL 2XL 3XL 4XL

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, 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 _____

PLEASE PRINT CLEARLYFirst 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: