

**ARTICLE 8A                    DUES DEDUCTION AUTHORIZATION**

I hereby authorize the Matlacha & Pine Island Fire Department, or it's agents, to deduct from my earnings, the regular monthly dues (uniform in dollar amount) in the amount certified by the Treasurer of Local 1826/I.A.F.F. inc., said local union. This authorization is revocable by a notice in writing to the Matlacha & Pine Island Fire Department.

I hereby waive all rights and claims for said monies so deducted and transmitted in accordance with this authorization and, further and separately, relieve the Matlacha & Pine Island Fire Department and any agent, from liability therefore.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

**STOP DUES DEDUCTION AUTHORIZATION**

I hereby authorize the Matlacha & Pine Island Fire Department, or it's agents, to stop deducting from my earnings, the regular monthly dues (uniform in dollar amount) in the amount certified by the Treasurer of Local 1826/I.A.F.F. inc., said local union. This authorization is revocable by a notice in writing to the Matlacha & Pine Island Fire Department.

I hereby waive all rights and claims for said moneys so deducted and transmitted in accordance with this authorization and, further and separately, relieve the Matlacha & Pine Island Fire Department and any agent, from liability therefore.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_