

# Voluntary FIREPAC Check-Off Authorization Notice

International Association of Fire Fighters  
Fairbanks Fire Fighters Association –Local 1324  
PO BOX 71739, Fairbanks, Alaska 99707



Employee ID	Date Hired
Cell	Work Phone

Please Print

Name (First and Last) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

To the University of Alaska Fairbanks:

**I hereby authorize and direct you as my employer to deduct from my pay the sum of \$ \_\_\_\_\_ per pay period. I understand the amount listed will replace an existing contribution already established from my pay. (Also fill out bottom section of form.)**

**IAFF Membership # \_\_\_\_\_**

Below please indicate dollar amount breakdown of where the voluntary PAC deductions should go:

- a) I support L1324 PAC fund with a voluntary deduction of \_\_\_\_\_ per pay period.
- b) I support Alaska Professional Fire Fighters PAC fund with a voluntary deduction of \_\_\_\_\_ per pay period.
- c) I support IAFF FIREPAC with a voluntary deduction of \_\_\_\_\_ per pay period.

This authorization shall remain in full effect until revoked by me in writing and is voluntary upon my specific understanding that:

- 1) The signing of this authorization and the making of these voluntary contributions are not conditions of membership in the union or of employment by my employer;
- 2) I may refuse to contribute without reprisal; and
- 3) FIREPAC, which is connected with the International Association of Fire Fighters uses money received for political purposes, including, but not limited to making direct contributions to candidates, conducting expenditures in behalf of candidates and addressing political issues of public importance.

**This authorization shall remain in force and effect until revoked in writing by me.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*For University of Alaska office use only (PDAEDN)*

Dedn Code = 631

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Biweekly Deduction: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date \_\_\_\_\_

Original: UAF HR  
Copies: FFA, Employee

Revised 4-13-11