WITHHOLDING AUTHORIZATION FORM FOR MEMBERSHIP DUES TO AUSTIN FIREFIGHTERS ASSOCIATION-LOCAL 975

I authorize the Austin Fire Fighters Relief and Retirement Fund to withold the following amounts from my monthly benefits for payment to the Austin Firefighters Association.

☐ AFA PAC $_____ per month

☐ Pension Protection Fund $_____ per month

Total Withholding Authorized **$**_____ per month

_____ _____

Printed Name

_____ _____

Signature Date

Mail for to:
Austin Firefighters Association-Local 975
7537 Cameron Rd., Austin TX 78752

Fax: 512-380-0803
Email: info@iafflocal975.org