

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

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

Membership Dues \$7.50 per month

Total Withholding Authorized **\$7.50** per month

Printed Name

Signature

Date