

**APPENDIX B—UFF-PAC Payroll Deduction Authorization Form**

**United Faculty of Florida - Political Action Committee**  
**306 East Park Avenue**  
**Tallahassee, FL 32301**  
**850-224-8220**

Please Print:

_____		_____
University/College		Department
_____		
Name		
_____		
Address		
_____		
City	State	Zip Code

**UFF-PAC Payroll Deduction**

I authorize the College, to deduct from my pay, starting with the first full biweekly pay period commencing not earlier than seven full days from the date this authorization is received by the College, contributions to the UFF-Political Action Committee in the amount of \$1.00 per pay period, and I direct that the sum so deducted be paid over to the UFF.

The above deduction authorization shall continue until either revoked by me through written notice to my College personnel office or my transfer out of this bargaining unit.

_____	_____
Member's Signature	Date