

Date _____

PAYROLL DEDUCTION AUTHORIZATION

ATTENTION: PAYROLL DEPARTMENT

FOR THE: _____

(Print Name of Employer)

BY: _____

(Last Name)

(First Name)

(Middle Initial)

EFFECTIVE: _____, 20____.

____ Please check if you wish to be enrolled in the Extended Legal Program

I hereby request and authorize you to deduct from my earnings at least once each month, an amount established by the Union as monthly dues. The amount deducted shall be paid to:

FIREFIGHTERS ASSOCIATION OF MICHIGAN

ASSOCIATION OF MICHIGAN - FAOM

27056 Joy Road, Redford, MI 48239-1949

SIGNATURE: _____

Mailing Address: _____

Number

Street

City

Zip