

# Notice to employer and Sun Coast PBA Authorization for deduction of union dues

Complete and mail or Fax to:  
Sun Coast PBA  
14141 - 46<sup>th</sup> St. N. #1205  
Clearwater, FL 33762  
Phone (727) 532-1722 • Fax (727) 530-4816

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I hereby authorize my Employer to deduct from my salary each pay period, my PBA dues, dental or AFLAC dues (if applicable) as certified to the Employer by the Sun Coast PBA.

I understand this authorization is voluntary and I may revoke it at any time by giving my Employer and the Sun Coast PBA thirty (30) days notice in writing.

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\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Agency Payroll Number

\_\_\_\_\_

Agency Name

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Office Use Only:

\_\_\_\_\_

PBA Union Official

\_\_\_\_\_/\_\_\_\_\_

Date Received

Date Sent To Agency

\_\_\_\_\_

Date Scanned to member file