

**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.

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