

**CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.  
PBA DUES AUTHORIZATION FORM**

I authorize the University to deduct from my pay, starting with the first full pay period commencing not earlier than seven days from the date this authorization is received by the University membership dues and other lawful authorized uniform deductions of the Central Florida Police Benevolent Association, Inc. (PBA) as established from time to time by PBA in accordance with its Constitution, and as certified to the University by PBA. Furthermore, I understand that such dues will be paid to PBA.

This authorization shall continue until either (1) revoked by me at any time upon (30) thirty days written notice to the University; (2) moved out of a PBA represented bargaining unit; (3) termination of employment; or (4) revoked pursuant to Section 447.507, F.S.

By signing this form, I authorize the University to release my Social Security number to PBA in reporting dues deductions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Department or Work Location

\_\_\_\_\_  
Job Classification

\_\_\_\_\_  
Home Address – Street

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip