

**BROWARD COUNTY POLICE BENEVOLENT ASSOCIATION  
AUTHORIZATION TO DEDUCT**

I hereby assign to The Broward County Police Benevolent Association from any wages earned or to be earned by me as your employee, my periodic dues in such amounts as are now or hereafter established by the Association and become due to it as my membership dues in said Association. I authorize and direct you to deduct and withhold such amounts from my salary and to remit the same to said Association. I hereby waive all rights and claims to said monies deducted and transmitted in accordance with this assignment, authorization and direction shall be revocable at any time upon thirty (30) days written notification to my employer and the Association.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
S.S. Number

11/07