



PAYROLL DEDUCTION FORM

_____ **UNION FREE SCHOOL DISTRICT**

Name: _____ **Social Security #:** _____

I hereby authorize the _____ School District to deduct from my regular paycheck the sum of \$5.00 for the first seven paychecks beginning in September. Please forward that amount to the Council of Administrators and Supervisors/PAC, One Huntington Quadrangle, Suite 3NO5A, Melville, NY, 11747.

This authorization is voluntarily made on the specific understanding that the signing of the this authorization and the asking of payments to CAS/PAC are not conditions of membership in any labor organization or of employment with the school district and that CAS/PAC will use the money it receives to make political contributions and expenditures in connection with federal, state, and local elections. This authority shall remain in full force and effect for all purposes while I am employed in this school system, or until revoked by me in writing between September 1st and 15th of any give year.

Signature _____ **Telephone #** _____

Street _____

City _____ **Zip** _____

Date _____

NOTE: Contributions to CAS/PAC are not deductible as charitable contributions for federal income tax purposes.