

_____ **UNION FREE SCHOOL DISTRICT**

CAS/PAC PAYROLL DEDUCTION

Name _____ Position _____

I hereby authorize the _____ School District to deduct from my regular paycheck the sum of \$2.50 for each pay period beginning in October of current school year until a total of \$50 has been deducted. Please forward that amount to **CAS/PAC, 490 Wheeler Road, Suite 280, Hauppauge, NY 11788.**

This authorization is voluntarily made on the specific understanding that the signing of 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 given year.

Signature _____ Telephone # _____

Street _____ City _____ Zip _____

Date _____

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

DO NOT MAIL THIS FORM TO THE CAS OFFICE – AFTER FILLING IT OUT PLEASE FORWARD IT TO YOUR CENTRAL OFFICE ADMINISTRATOR FOR AUTOMATIC WITHDRAWALS. THANK YOU FOR YOUR SUPPORT.