



## PBA CHARITY FUND AUTHORIZATION

I, the undersigned, hereby authorize the Palm Beach County Sheriff's Office to deduct the following amount from my paycheck each payroll deduction period and transmit it to the PBA Charity Fund, Inc. This assignment, authorization and direction shall be revocable any time upon thirty (30) days written notification to my employer and the Association.

Amount: (Please check one box)     \$1.00     \$2.00     \$5.00     Other \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

PBSO ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.