



# SAN DIEGO FIREMAN'S RELIEF ASSOCIATION

## Payroll Deduction Form

[www.sdfra.org](http://www.sdfra.org)

**\*\*\*SDFRA member dues: \$26.93 bi-weekly\*\*\***

Full Name: *(please print)*

Social Security #:

I, the undersigned do hereby authorize the Payroll Department of the San Diego City Fire Fighters, Local #145 to deduct from my pay warrant such sums as appear on the payroll to the credit of said payee and further authorize payment of such deducted sums to the said payee. This authorization applies to any increase or decrease in the amount due the above payee and is to continue in effect until cancelled by written notice by the undersigned to the Payroll Department of the San Diego City Fire Fighters, Local #145, or upon termination of my employment.

Signature:

Date:

San Diego City Fire Fighters, Local #145  
10405 San Diego Mission Road, Suite 201  
San Diego, CA 92108