Alachua County Education Association, FEA, NEA, AFT #3749 Payroll Deduction
(Please Print Clearly)

_____
Last Name First Middle

_____
Job Title Non-SBAC E-mail Address

_____
Home Address City Zip Phone

_____ _____ _____ _____ _____
School Center/Worksite SBAC ID # (last 4 numbers of your Social)

PLEASE CHECK ONE:
☐ FULL-TIME ☐ PART-TIME

PLEASE CHECK YOUR PAYROLL OPTION:
☐ 20 CHECKS PER YEAR ☐ 24 CHECKS PER YEAR

_____
ACEA Authorization Amount of Deduction

I hereby authorize the School Board of Alachua County, according to arrangements agreed upon with the Alachua County Education Association to deduct from my salary and transmit to the Association such assessments as annually certified by the Association according to the Association's By-laws. I hereby waive all rights and claims to said monies so deducted and transmitted in accordance with this authorization, and relieve the School Board and all its officers from liability thereof. This authorization shall remain in full force and in effect while I am employed by this district. In order to be revoked by me, I must contact the Association in writing. Dues will be discontinued within 30 days upon receipt of written verification to the Association. Dues paid to the Alachua County Education Association may be deductible for federal income tax purposes in some circumstances; however, please refer to your individual tax advisor.

_____
Signature Date

SEND TO: **Alachua County Education Association**
618 NW 13th Avenue
Gainesville, FL 32601-9959