

# AUTHORIZATION FOR VOLUNTARY DEDUCTION

1. PRINT CLEARLY OR TYPE

2.

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LAST	FIRST	INITIAL	SOCIAL SECURITY NUMBER	AMOUNT PER PAY PERIOD
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5. HOME ADDRESS				
STREET & NO.	APT. NO.	CITY	STATE	ZIP CODE

## INSTRUCTIONS FOR COMPLETING PEF COPE CHECKOFF CARD

1. Print last and first name.
2. Include all nine digits of your social security number.
3. State amount you want deducted from each paycheck for PEF COPE.
4. Your department and title.
5. Your home address.

6. Effective date (date you want checkoff to begin).
7. Sign your full name, and fill in the date.
8. Clip out application form and mail to PEF headquarters.  
*In accordance with Federal Law, PEF COPE will accept contributions only from members/solicitable personnel of the Public Employees Federation.*

4. DEPARTMENT	JOB TITLE

6. Effective no earlier than (enter date) \_\_\_\_\_ I hereby authorize regular payroll deductions from my earnings in the amount specified hereon as a voluntary contribution to be paid to the Treasurer of PEF COPE, to be used in accordance with applicable federal and state laws for the purpose of making political contributions in connection with local, state and federal elections. My contribution is voluntary, and I understand that it is not required as a condition of employment and that I may revoke this authorization at any time by giving written notice to the Treasurer of PEF COPE and or my payroll office, such revocation being effective when accepted into the employer's payroll system. This authorization supercedes all previous authorizations.

A copy of the New York State Public Employees Federation COPE report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C. Copies of these reports are also on file with the New York State Board of Elections, Albany, New York.

*Contributions to PEF COPE are not deductible as charitable contributions for federal income tax purposes*



MAIL TO:

**PEF COPE**

**NEW YORK STATE PUBLIC EMPLOYEES FEDERATION, AFL-CIO**

**1168-70 TROY-SCHENECTADY ROAD • P.O. BOX 12414 • ALBANY, NEW YORK 12212-2414**

**ATTN: MIS DEPT.**

7. SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_