

Salt Lake Firefighters' Relief Association

124 West 1400 South, Suite 209 Salt Lake City, Utah 84115

PAYROLL DEDUCTION AUTHORIZATION

NAME			
Please Print	LAST	FIRST	MIDDLE
CITY ID#		Effective Date	
each month the Firemen's Reducted wh	the amount of _ elief Association ich is certified b	prporation, Finance Department \$29.53 and rest. I further authorize any change by the above agency as a uniformal cancelled by me in writing.	emit the amount to the in the amount to be
Employee Si	gnature	 Date	