

**AUTHORIZATION
AGREEMENT
for DEDUCTIONS**
(Optional)



D A L L A S
POLICE & FIRE
PENSION SYSTEM



Name _____

Last 4 digits of SS# _ _ _ _

Police Department Fire Department

DEDUCTION AUTHORIZATION

I hereby authorize the following deductions(s) at the current prevailing rates and agree to any changes in the rates without further authorization. I understand the deductions elected below will be made from my monthly pension benefit. **Please ensure you elect all deductions you want to have taken out of your pension and cancel all deductions you do not want to continue. This form will supersede any form currently on file at DFPF.**

Cancel Elect/Re-elect

I do not want any deductions.

Dallas Firefighters Museum Deduction \$_____ per month (**minimum \$1.00**)

Member's Burial Fund – Fire Department - \$4.00

Spouse's Burial Fund - Fire Department - \$4.00

Dallas Retired Firefighter Association Dues - Fire Department - \$5.00

Black Firefighter Retiree Association - Fire Department - \$8.34

Dallas Hispanic Firefighters Association - Fire Department - \$10.00

Dallas Police Retired Officers Association Dues - Fire Department - \$11.25

Dallas Police Department Museum Deduction of \$_____ per month (**minimum \$1.00**)

Dallas Police Retired Officers Association Dues - Police Department - \$22.50

This authority is to remain in full force and effect until DFPF has received another form with new elections or cancellations by the 15th day of month.

As a courtesy to the above organizations, DFPF is deducting payments from monthly pension benefit payments. DFPF can cease providing this service at any time. DFPF has no affiliation with nor takes any responsibility for the above organizations. Please contact with organizations directly with any questions.

Signature _____ **Date** _____

Please return this form to Dallas Police and Fire Pension System, 4100 Harry Hines Blvd., Suite 100 Dallas, Texas 75219, or scan and email to info@dpfp.org.