

# 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**.

- Dallas Firefighters Museum Deduction of \$ \_\_\_\_\_ per month (**minimum \$1.00**)
- Burial Fund – Fire Department
- Dallas Retired Fire Fighter Association Dues - Fire Department
- Dallas Police Retired Officers Association Dues – Fire Department
- Black Firefighter Retiree Association - Fire Department
- Dallas Police Department Museum Deduction of \$ \_\_\_\_\_ per month (**minimum \$1.00**)
- Dallas Police Retired Officers Association Dues - Police Department

This authority is to remain in full force and effect until the System has received written notification from me of its termination in such time and in such manner as to afford the System a reasonable opportunity to act on it prior to making the deduction.

As a courtesy to the above organizations, DPF is deducting payments from monthly pension benefit payments. DPF can cease providing this service at any time. DPF 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 & FIRE PENSION SYSTEM  
4100 Harry Hines Blvd., Suite 100, Dallas, Texas 75219  
OR Email: [info@dcpf.org](mailto:info@dcpf.org)