

**IATSE Political Action Committee
Payroll Deduction Cancellation Form**

I, the undersigned, do hereby cancel an existing authorization for _____ and/or its designated payroll
service, _____ to make deductions from my paycheck in order to contribute to the International Alliance of
Theatrical Stage Employees, Moving Picture Technicians, Artists, and Allied Crafts of the United States Political Action Committee
(hereinafter "IATSE-PAC"). I understand that this cancellation will become effective no later than the second full pay period which
begins on or after the date that this request is received by the Employer and/or its designated payroll service.

Print Name: _____

Social Security Number: _____

Employee Signature: _____

Date: _____

RETURN THE PINK COPY TO YOUR EMPLOYER. SEND THE BLUE COPY TO: IATSE-PAC c/o PAC SERVICES, 150 Post Office Road, #2398, Waldorf, MD 20604. SEND THE YELLOW COPY TO YOUR LOCAL, AND KEEP THE WHITE COPY FOR YOUR RECORDS.