

**IATSE Political Action Committee
Payroll Deduction Authorization Modification Form**

I, the undersigned, wish to modify my prior payroll deduction authorization for _____ and/or its designated payroll service
Name of Employer

_____ (collectively, "Employer") to make deductions from my paycheck in order to contribute to the International Alliance of Theatrical Stage
Name of Payroll Service
Employees, Moving Picture Technicians, Artists, and Allied Crafts of the United States Political Action Committee (hereinafter "IATSE-PAC"). All such prior authorizations are cancelled. Instead, I now hereby authorize the Employer to deduct the amount designated below from my paycheck for remittance to the IATSE-PAC. I understand that this modification 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 that deductions shall be made only if sufficient funds remain after all withholdings and statutory and/or court-ordered deductions have been made.

Check the statement that applies to you:

I am a production/post-production employee. I understand that this authorization will apply to all earnings in connection with my employment by Employer on _____, unless and until I rescind such authorization in writing by completing the appropriate Cancellation or Modification form.
Name of Production / Season # of Series (if applicable)

I am a studio lot/facility employee. I understand that this authorization will apply to all earnings in connection with my employment by Employer, unless and until I rescind such authorization in writing by completing the appropriate Cancellation or Modification form.

Choose one: I authorize a deduction of \$ _____ per pay period. I authorize a one-time deduction of \$ _____.

Print Name: _____ Social Security Number: _____

Mailing Address: _____ City: _____ State/ZIP: _____

Email: _____ Phone Number: _____

Occupation: _____ Name of Employer: _____

This authorization is made voluntarily with the specific understanding that:

- The signing of this authorization card and the making of contributions to the IATSE-PAC are not conditions of membership in the union nor of employment with the Employer and I understand that I may refuse to so do without fear of reprisal.
- I am making a voluntary contribution to fund-raising efforts sponsored by the IATSE-PAC and that the IATSE-PAC will use my contributions for political purposes, including, but not limited to, the making of contributions or expenditures on behalf of candidates for federal office, and addressing political issues of public importance.
- Contributions or gifts to the IATSE-PAC are not deductible as charitable contributions for federal income tax purposes.
- Federal law requires the IATSE-PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.

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.