



# I.A.F.F. Local I-60

United Emergency Medical Professionals of Arizona  
PO Box 4110 - Mesa - Arizona - 85211  
<http://www.locali60.org> (480) 655-7272

## PAYROLL DEDUCTION REFUND REQUEST FORM

### MEMBER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_ (HOME/CELL)

IAFF ID: \_\_\_\_\_ RM/SWA #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### REASON FOR CORRECTION / REFUND

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAY PERIODS AND AMOUNTS TO BE REFUNDED

PAY DATE:	Amt. Deducted:	Refund Requested:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### AUTHORIZATION OF RELEASE OF PAYROLL RECORDS

I hereby provide authorization for the Local I-60 and its appointed representative to review payroll records and other documentation necessary to validate and process the above requested refund for dues or other fees deducted on the dates above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_