

# ASSOCIATION OF BAY COUNTY EDUCATORS DUES REVOCATION FORM

In accordance with Article 2.8 of the Master Contract, I hereby revoke the payroll deduction form previously authorized in writing by me. I understand that this form will become effective thirty (30) days after receipt by ABCE and the Bay County School District.

_____ Today's Date	_____ Phone Number	_____ Personal Email
_____ Signature	_____ Print Name	
_____ Last 4 Digits Social Security Number	_____ School	
_____ ABCE President	_____ Designated Representative	

***This form must be submitted to the ABCE office by emailing  
[lisa.williams@floridaea.org](mailto:lisa.williams@floridaea.org) 850-763-3416***