

# Payroll Deduction Authorization Form—Union Dues

Employee Name:   
 Social Security #:  Phone #:  Mail Code:

**As a member of the International Brotherhood of Electrical Workers, I hereby authorize and request the company to deduct from any wages due me for the second pay period of each calendar month, the sum designated by the Financial Secretary of the below mentioned Local Union, for me and in my behalf, as my monthly dues to said Local Union. This payroll deduction authorization shall remain in effect until withdrawn by me by notice in writing to the company.**

Start a deduction (Union dues are deducted from the 2<sup>nd</sup> paycheck of every month.)  
 Transfer from  To   
 Stop the current deduction

Beneficial Union	Non-Beneficial Union
<input type="checkbox"/> LOCAL 433 Beneficial (651)	<input type="checkbox"/> LOCAL 433 Non Beneficial (650)
<input type="checkbox"/> LOCAL 626 Beneficial (653)	<input type="checkbox"/> LOCAL 626 Non Beneficial (652)
<input type="checkbox"/> LOCAL 682 Beneficial (655)	<input type="checkbox"/> LOCAL 682 Non Beneficial (654)
<input type="checkbox"/> LOCAL 1412 Beneficial (657)	<input type="checkbox"/> LOCAL 1412 Non Beneficial (656)
<input type="checkbox"/> LOCAL 1491 Beneficial (659)	<input type="checkbox"/> LOCAL 1491 Non Beneficial (658)

The Financial Secretary of each Local Union of the System Council will keep the Payroll Department advised of monthly dues in effect for Beneficial and Non-Beneficial Members.

In case of transfer from jurisdiction of one Local Union to that of another, the Financial Secretary of the Local Union into whose jurisdiction the employee transfers, will notify the Payroll Department to transfer the employee's deduction authorization form to the above mentioned Local Union and make future payments to said Financial Secretary.

The Financial Secretary will indicate the type of membership and the amount of dues to be deducted when notifying the Payroll Department of the transfer.

Employee Signature (required):

Date:

Witness Signature:

Date:

Financial Secretary Signature (required):

Date:

Complete the form, print, and mail to Payroll – PEB 15 Tax.  
Original form must be submitted to Payroll. No faxes will be accepted.  
 A copy of the form must be submitted to the Union Secretary.