



REQUEST FOR AUTOMATIC UNION DUES DEDUCTION

You are eligible for automatic union dues deductions through your employer's payroll Department. Just complete the enclosed Dues Deduction Authorization Forms/Cards and **return both forms/cards** to the Local Union #45 office in the envelope provided.

Automatic Union dues deduction is the most convenient way to submit your required monthly union dues payments. To find out details on how and when monthly union dues are deducted, please contact your employer's human resources or payroll department.

Please complete the information below and return this form with your signed Dues Deduction Authorization cards.

Please print clearly

Your Name: _____

Social Security Number: _____ - _____ - _____

Employer: _____

Job Title: _____

Weekly Salary: _____

Very Important! Your request for automatic union dues deduction will not be granted Unless we receive this completed form and two (2) signed authorization for payroll deduction cards. You should also allow at least 30 days for processing of this request. Be advised that you will be liable for any union dues owed prior to the onset of automatic payroll deductions.

Local Union #45 IBEW
6350 Laurel Canyon Blvd., Suite 350 North Hollywood, CA 91606
(323) 851-5515 Fax (323) 466-1793 (800) 332-2983
mwright@ibew45.org www.ibew45.org

DUES DEDUCTION AUTHORIZATION

I hereby authorize and direct _____ to deduct from my pay an amount equal to the dues and Initiation-fees in the amounts fixed in accordance with the Bylaws of Local Union and the Constitution of the International Brotherhood of Electrical Workers and to pay same to said Local Union in accordance with the terms of the bargaining agreement between the Employer and the Union.

This authorization is voluntarily made in order to pay my fair share of the Union's cost of representing me for the purposes of collective bargaining, and this authorization is not conditioned on my present or future membership in the Union.

This authorization shall be irrevocable for a period of one year from the date hereof or until the termination date of said agreement, whichever occurs sooner, without regard to whether I am a member of the Union during that period, and I agree that this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked by written notice to you and the Union within the ten (10) day period prior to the anniversary of this authorization. I understand that under current law the payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.

Name (printed) Signature

Date Dept

FOR UNION FILE

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FOR COMPANY FILE