



**COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO, CLC
Payroll Deduction Authorization
Union Dues or Equivalent**

Employee Name (Last, First, Middle Initial) _____

Employee ID Number: _____

Social Security Number: _____

UNION: CWA

Local Number: 1105

I hereby authorize Empire City Casino at Yonkers Raceway to deduct, from my wages, sickness disability payments or vacation payments, regular Union membership dues or an amount equal to such dues. If for any reason Empire City Casino at Yonkers Raceway fails or is unable to make such deduction, I authorize Empire City Casino at Yonkers Raceway to make such deduction in a subsequent payroll period.

The amount equal to regular Union members dues shall be that which is certified to Empire City Casino at Yonkers Raceway by the Union and shall be automatically adjusted, if such certified amount is changed or in the event of bargaining union or job changes.

This authorization shall remain in effect while I am employed by Empire City Casino at Yonkers Raceway in a bargaining unit job unless canceled by me in writing.

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

In addition, I authorize Empire City Casino at Yonkers Raceway to deduct from my wages or other payments an amount certified by the Union in payment of my Union Initiation Fee (\$5.00)

I understand that amounts deducted in accordance with this authorization are not tax deductible as charitable contributions for federal income tax purposes.

Date: Month/Day/Year

Employee Signature