



**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 Bally Technologies, Inc. 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 Bally Technologies, Inc. fails or is unable to make such deduction, I authorize Bally Technologies, Inc. to make such deduction in a subsequent payroll period.

The amount equal to regular Union members dues shall be that which is certified to Bally Technologies, Inc. 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 Bally Technologies, Inc. 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.

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