

## COMMUNITCATIONS WORKERS OF AMERICA, AFL-CIO, CLC Payroll Deduction Authorization Union Dues or Equivalent

| Employee Name (La                                                                                                                                                                                                                                                                                                                                                | ast, First, Middle Initial)                                           |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Employee ID Numb                                                                                                                                                                                                                                                                                                                                                 | er:                                                                   |                                                                                                 |
| Social Security Nun                                                                                                                                                                                                                                                                                                                                              | nber:                                                                 |                                                                                                 |
| UNION: C                                                                                                                                                                                                                                                                                                                                                         | :WA                                                                   | Local Number: 1105                                                                              |
| I hereby authorize 32 B-J Legal Services 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 32 B-J Legal Services fails or is unable to make such deduction, I authorize 32 B-J Legal Services to make such deduction in a subsequent payroll period. |                                                                       |                                                                                                 |
| The amount equal to regular Union members dues shall be that which is certified to 32 B-J Legal Services by the Union and shall be automatically adjusted, if such certified amount is changed or in the event of bargaining union or job changes.                                                                                                               |                                                                       |                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                  | hall remain in effect while I am our unless canceled by me in writing | employed by 32 B-J Legal Services in a<br>g.                                                    |
|                                                                                                                                                                                                                                                                                                                                                                  | collective bargaining, and this a                                     | y my share of the Union's cost of representing uthorization is not conditioned on my present or |
|                                                                                                                                                                                                                                                                                                                                                                  | ze 32 B-J Legal Services to dec<br>on in payment of my Union Initia   | duct from my wages or other payments an amount tion Fee (\$5.00)                                |
|                                                                                                                                                                                                                                                                                                                                                                  | nounts deducted in accordance<br>ons for federal income tax purp      | with this authorization are not tax deductible as oses.                                         |
| Date:                                                                                                                                                                                                                                                                                                                                                            | <br>Month/Day/Year                                                    | Employee Signature                                                                              |