

UNITED STATES POSTAL SERVICE
AUTHORIZATION FOR DEDUCTION OF DUES

RURAL CARRIER CLASSIFICATION		
<input type="checkbox"/> Regular	<input type="checkbox"/> PTF	<input type="checkbox"/> Relief

(SOCIAL SECURITY NUMBER)

OR

(USPS EMPLOYEE I.D. NUMBER)

LAST NAME

FIRST NAME

MI

MAILING ADDRESS

CITY

STATE

ZIP CODE + 4

POSTAL INSTALLATION WHERE EMPLOYED

ZIP CODE OF INSTALLATION

INSTALLATION FINANCE NO.

SECTION A - AUTHORIZATION BY EMPLOYEE

I hereby assign to the **National Rural Letter Carriers' Association**, from any salary or wages earned or to be earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year, unless written notice is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.

This assignment is freely made pursuant to the provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between you and my Union.

Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

X

EMPLOYEE SIGNATURE

DATE

PHONE

EMAIL ADDRESS

SECTION B - FOR USE BY STATE ASSOCIATION

R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

SIGNATURE OF ACCEPTING UNION OFFICIAL

DATE

I hereby certify that the dues of this organization for the above named member, for the applicable designation, are currently established at \$ _____ per pay period.

PENNY KOREN, STATE SECRETARY

LOC#	STATE
	<input type="checkbox"/> <input type="checkbox"/>
DATE	REMIT #

SECTION C - FOR USE BY NATIONAL ASSOCIATION

Date of Delivery to Employer (For National Office use)

[Empty box for date]

ANNIVERSARY DATE TO BE USED
AT USPS PERSONNEL OFFICE

Send to:

OHLCA Secretary
Penny Koren
104 Clay Rd SW
Dellroy OH 44620-9757