

# UNION DUES DEDUCTION AUTHORIZATION

Payroll Withholding & Tracker Statement

## EMPLOYEE & UNION INFORMATION

Employee Full Name:

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Employee ID:

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Department / Division:

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Job Title:

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Union Name & Local No.:

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Effective Date:

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## DEDUCTION AUTHORIZATION

I hereby authorize and direct my employer to deduct from my bi-weekly/monthly gross earnings the regular union dues, initiation fees, and assessments as certified by the Union. This authorization is voluntary and shall remain in effect until revoked by me in writing in accordance with the collective bargaining agreement or applicable laws. The deducted amounts shall be remitted to the financial officer of the designated Union organization.

Employee Signature:

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Date:

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## PAYROLL LEDGER & TRACKER

**PAYROLL DEPARTMENT VERIFICATION**

**Processed By (Name):**

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**Date Processed:**

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Original: Payroll Department | Copy: Employee | Copy: Union Representative