

**AUTHORIZATION FOR PAYROLL DEDUCTION**

Effective immediately, I hereby request and authorize you to deduct union dues in the amount established by the Henniker Community School Support Staff, AFT-NH, AFT, AFL-CIO Local #6314 in equal gross installments. The amount shall be paid to the TREASURER of the Henniker Community School Support Staff, AFT-NH, AFT, AFL-CIO Local #6314, and represents payment for my union dues. I may terminate deductions by written notice to the Union or by termination of my employment.

NAME(print) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSITION: \_\_\_\_\_ HOMEPHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_