

AUTHORIZATION FOR DUES DEDUCTIONS

I hereby request and authorize you to deduct union dues in the amount established by the Hudson Federation of PSRP's, AFT-NH, AFL-CIO in equal gross installments. The amount shall be paid to the TREASURER of the Hudson Federation of PSRP's, AFT-NH, AFT Local #6245 AFL-CIO, and represents payment for my union dues. I may terminate deductions between June 1st and June 15th each year by written notice to the Union or by termination of my employment.

Signature: _____

NAME: (print) _____ DATE: _____

ADDRESS: _____ CITY _____

POSITION: _____ HOME PHONE: _____

WORK SITE/BUILDING _____

HOME EMAIL _____