

AUTHORIZATION FOR PAYROLL DEDUCTIONS

By: _____

Employee Name (Please Print)

To: Hudson School Board

Effective _____

I hereby request and authorize you to deduct Federation dues from my earnings in ten (10) equal installments. This amount shall be paid to the Treasurer of the Hudson Federation of Teachers, Local 2263, AFT, AFL-CIO and represents payment of my Federation dues.

These deductions may be terminated at any time by me by giving you sixty (60) days written notice in advance or upon termination of my employment.

(Employee's Signature)

(Employee's Address)

(Employee's Home Phone)

(Employee's Home Email)

(School)