

AUTHORIZATION OF PAYROLL DEDUCTION:

BY: _____
Name of Employee (PLEASE PRINT)

TO: Board of Trustees of the University of Massachusetts

Effective _____, 201_, I hereby request and authorize the Employer (the Board of Trustees of the University of Massachusetts) to deduct from my earnings each year and on a monthly basis an amount equal to the current dues/agency fees of my local, state, and national teachers association, notwithstanding any increases or decreases in such dues in future years.

I understand that the specific amount(s) and/or rate(s) of the current annual dues/fees of the associations shall be certified to the Employer by the Treasurer of the Union.

This amount shall be paid to the Treasurer of the Union and represents payment of my dues or agency fee.

These deductions may be terminated by my giving you a sixty (60) day written notice in advance or upon termination of my employment.

Social Security Number

Employee's Signature

Date

Employee's Campus Dept. & Address