

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO
AUTHORIZATION FOR PAYROLL DEDUCTION

By _____
PLEASE PRINT LAST NAME FIRST NAME MIDDLE NAME SS#

To _____
NAME OF EMPLOYER DEPARTMENT

I hereby request and authorize you to deduct from my earnings each (payroll period) _____ an amount sufficient to provide for the regular payment of the current rate of monthly union dues established by AFSCME Local Union No. _____, Council No. 47. The amount shall be certified by Local Union No. _____, Council No. 47 and any change in such amount shall be so certified. The amount deducted shall be paid to the treasurer of Local Union No. _____, Council No. 47 AFSCME.

STREET ADDRESS

EMPLOYEE'S SIGNATURE DATE CITY, STATE, ZIP CODE

