

**AUTHORIZATION FOR PAYROLL DEDUCTIONS
(PLEASE PRINT)**

Name (last, first, middle): _____

Certification & Title: _____ SS#: _____

Home Address: _____

Day Time Phone: _____

I, hereby authorize the VAMC to deduct from my pay each pay period the regular dues of \$ _____ and to remit such amount to NNU, in accordance with its arrangements with the VAMC. I further authorize any change in the amount to be deducted which is certified by the above named labor organization as a uniform change in its dues structure.

I understand that this authorization, is for a biweekly deduction and will become effective the pay period following its receipt in the payroll office of the VAMC. I further understand that cancellation of Payroll Deductions for these dues will not be effective until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Signature of employee

Date (mo., day, yr.)

X _____

I hereby certify that the regular dues of NNU -VA for the above named member are currently established at \$ _____ per biweekly pay period.

Signature & Title of Authorized Official

Date (mo., day, yr)

X _____

FOR COMPLETION BY AGENCY ONLY - The above named employee and NNU-VA meet the requirements for dues withholding. (Mark the appropriate box. If "YES" send this form to payroll. If "NO", return this form to the labor organization.)

YES

NO

RECRUITED BY: _____