EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCT

COMPLETE THE FOLLOWING AND RETURN TO LOCAL UNION FINANCIAL SECRETARY

EMPLOYEE INFORMATION

LAST	FIRST	MI	SOCIAL SECURITY NUMBER	CKDT
			___-___-____	

CHECK APPROPRIATE BOX(ES)

☐ NEW MEMBER ☐ CHANGE IN MEMBERSHIP ☐ CANCEL DEDUCTIONS ☐ TRANSFER FROM L.U. # _____

☐ "BA" MEMBERSHIP ☐ "A" MEMBERSHIP

I hereby authorize FPL to deduct from my pay the designated Union deduction(s) in accordance with the agreement between FPL and the International Brotherhood of Electrical Workers, and pay the same to the Local Union(s) assigned below. I further authorize my Union dues membership fee to change by notification to FPL by the Financial Secretary of the respective Local Union in accordance with the agreement of 2-15-80. This authorization is voluntary and I may revoke it by written statement to FPL.

"Fees, dues and assessments covered by this authorization are not deductible as a charitable contribution for Federal Income Tax purposes"

☐ UNION DUES DEDUCTION

PAYABLE TO LOCAL UNION # _____

☐ POLITICAL ACTION COMMITTEE DEDUCTION

PAYABLE TO LOCAL UNION # _____

AMOUNT OF DEDUCTION $ _____

_____ EMPLOYEE SIGNATURE

___/___/___ DATE

_____ FIN/SECY. INITIALS

SYSTEM COUNCIL U-4 DEATH BENEFIT FUND DEDUCTION

I hereby authorize FPL to deduct beginning with my next pay:

1) $5.00 to cover my initiation fee (and $5.00 to cover my spouse, if indicated) in the System Council Death Benefit Fund, Inc.

2) $1.00 for myself and $1.00 for my spouse (if a member of the System Council Death Benefit Fund, Inc.) upon the death of each member, who is in good standing, after have been notified by the Secretary-Treasurer that such death(s) has occurred.

3) $1.00 for myself and $1.00 for my spouse (if a member of the System Council Death Benefit Fund, Inc.) For each 10th death of a member in good standing, as provided in the By-Laws of the System Council Death Benefit Fund, Inc. when you are authorized to make such a deduction by the Secretary-Treasurer of the fund.

These deducted amounts will be remitted to the Secretary - Treasurer of the System Council Death Benefit Fund, Inc

☐ EMPLOYEE DEDUCTION

CERTIFICATE NUMBER _____

☐ SPOUSE DEDUCTION

SPOUSE NAME _____

CERTIFICATE NUMBER _____

_____ EMPLOYEE SIGNATURE

___/___/___ DATE

_____ FIN/SECY. INITIALS