



Check-Off of Dues, Fees, and Assessments

I, _____, the undersigned employee of _____, hereby authorize my Employer to deduct from my wages or salary such dues, fees, and assessments as may be certified from time to time by OPEIU HEALTHCARE Pennsylvania local Unit 112. I authorize and direct you to deduct such amounts from my pay and to remit same to the Union at such times and in such manner as may be determined by the Union at any time while this authorization is in effect. This authorization shall be irrevocable for a period of one (1) year from the date hereof or until expiration of the present collective bargaining agreement, whichever occurs sooner, and shall be renewed from year to year and for succeeding collective bargaining agreements unless the undersigned shall give written notice to my Employer and the Union at least (15) calendar days prior to such anniversary date of its signing or the termination of the applicable collective bargaining agreement, whichever occurs sooner, revoking this authorization.

This authorization for check-off of dues, fees, and assessments is made voluntarily and is neither conditioned on my present or future membership in the Union, nor is it considered to be given in return for membership.

(Date)

(Employee Signature)

(Employee Printed Name)

(Home Address)

(City)
Code)

(State)

(Postal Code)