

Date _____

PAYROLL DEDUCTION AUTHORIZATION
ATTENTION: PAYROLL DEPARTMENT

FOR THE: _____
(Print Name of Employer)

BY: _____
(Last Name) (First Name) (Middle Initial)

EFFECTIVE: _____, 20____
(Next Payroll)

I hereby request and authorize you to deduct from my earnings at least once each month, an amount established by the Union as monthly dues. The amount deducted shall be paid to:

TECHNICAL, PROFESSIONAL AND OFFICEWORKERS
ASSOCIATION OF MICHIGAN - TPOAM
27056 Joy Road, Redford, MI 48239-1949

SIGNATURE: _____

Mailing Address: _____
Number Street City Zip