

Date \_\_\_\_\_

PAYROLL DEDUCTION AUTHORIZATION  
ATTENTION: PAYROLL DEPARTMENT

FOR THE: \_\_\_\_\_

(Print Name of Employer)

BY: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

EFFECTIVE: \_\_\_\_\_, 20\_\_\_\_.

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

EMAIL ADDRESS -----

FULL-TIME \_\_\_\_\_

PART-TIME \_\_\_\_\_