THE AMALGAMATED WORKERS UNION

PAYROLL DEDUCTION AUTHORIZATION FORM

lOIOI	Division/Department
Hereby authorize and direct the	to deduct
From my regular wages or salary the sum of	
Further, I authorize and direct	
From my wages or salary one each week the si	
Dollars the established weekly contributions o	
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may be stipulated from time to time by the Ex	ecutive Committee in accordance
with the Union's Constitution.	
Due notification to be sent to the Employer acsuch revision.	ecompanied by a certified copy of
Dated this of 20	
Signature of Employee	Payroll No.
Witness	
THE AMALGAMATED PAYROLL DEDUCTIO	WORKERS UNION N AUTHORIZATION FORM
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Witness