

Eastern Michigan University
Union Dues/Agency Fee Payroll Deduction Form

EID # _____	Eclass _____
Name _____ (Last name first-please print)	
Date ____/____/____	

I hereby authorize the following deduction(s) from my salary checks, and the remittance of these deductions to the indicated agencies.

I understand that by signing this form I am declining to have union dues deducted from my pay.

_____ . _____ **AFSCME 3866(210)***

_____ . _____ **UAW 1976(230)***

_____ . _____ **C.O.A.M. Sergeants(250)**

*(Dues and initiation fee)

I hereby wish to cease/stop my current union dues deduction.

Signature: _____