

**Eastern Michigan University  
Union Dues Payroll Deduction Form**

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

*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)**

**A A U P(200)**

**UAW 1975(220)\***

**P.O.A.M. Officers(241)**

**EMU-FT LECT (202)**

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

**Signature:** \_\_\_\_\_

This election will remain in effect until revoked by the employee.

ORIGINAL SIGNATURE TO RESPECTIVE UNION  
COPIES OF COMPLETED FORM WITH SIGNATURE TO PAYROLL / EMPLOYEE