

WAGE DEDUCTION AUTHORIZATION

(Please Print)

To _____ From _____
Company Name Employee's Name

Union Card Number _____ L. U. # Social Security Number _____

I hereby authorize and direct you to deduct _____ (Per Cent) working dues, fixed in accordance with the By-Laws of Local Union 702, from my gross wages each pay period and to forward weekly or monthly to the financial secretary of Local Union 702, I.B.E.W., together with a listing of the names, Union Card Number, Social Security Number, all hours worked and all sums deducted in accordance with the terms of the Agreement between the above listed employer and Local Union 702, I.B.E.W., West Frankfort, IL.

Street: _____ Phone #: _____ Date: _____

City: _____ State: _____ Zip Code: _____ Signed: _____