

Payroll Deduction Authorization



North Carolina Public Service Workers Union, UE Local 150
PO Box 46263
Raleigh, NC 27620

Please print clearly and press hard using a ball-point pen or type

Name _____
(last name) (first name) (middle name)

Address _____
(street/RFD) apt. #

(city/town) (state) (zip code)

(Personal Email address)

() _____ - _____ () _____ - _____
(Home phone) (cell phone)

Workplace (dept., university, institution) building/work area

_____ to _____
Work shift hours (ex. 7am to 4pm) Job title

For UNC Campus Employees only: Monthly Paycheck Biweekly Paycheck
Dues withdrawn from (check one)

Please notify us if you change or add UNC positions.

UNC PID Number _____
(For UNC Campus Employees only)

Social Security Number

- -

Dues for Active & At-Large Members: \$20.00 per month

I, the undersigned, request membership in the above union. I hereby authorize my employer to deduct UE Local 150 dues from my wages as indicated above, in such amounts as established pursuant to the UE Local 150 By-Laws. This authorization shall continue until cancelled by me by written notice to the UE Local 150 Central Office.

Signature _____ Date _____