

REPRESENTATION SERVICE FEE AUTHORIZATION FOR CHECK-OFF OF REPRESENTATION SERVICE FEE

TO LOCAL 6000

Soc. Sec. # _____

I hereby assign to UAW Local Union 6000 and the International Union, UAW (hereinafter Union), from any income earned or to be earned by me or a regular supplemental unemployment benefit payable under its supplemental unemployment benefit plan (or similar plan where applicable) as your employee (in my present or in any future employment by you), such sums as the Financial Officer of said Local Union 6000 may certify as due and owing from me as a representation service fee. I authorize and direct you to deduct such amounts from my pay and to remit same to the Local Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable from the date of delivery hereof to you, or until the termination of the collective bargaining agreement between the Employer and the Union which is in force at the time of delivery of this authorization; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for the term of the current collective bargaining agreement and for the period of each succeeding applicable agreement between the Employer and the Union, unless written notice is given by me to the Employer and the Union in accordance with the applicable terms of the collective bargaining agreement between the Employer and the Union.

I hereby revoke any prior authorization for check-off dues or representation service fees that I may have executed on behalf of any other labor organization.

Contributions or gifts to the UAW are not deductible as charitable contributions for Federal Income Tax purposes.

(Signature of Employee)		(Address of Employee)	
(Print Name of Employee)		(City)	(State) (Zip)
(Date of Signing)	(Bargaining Unit)	(Department Name and Code)	Soc. Sec. No.
(Worksite Address)		(Hire Date)	



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(Signature of Employee)		(Address of Employee)	
(Print Name of Employee)		(City)	(State) (Zip)
(Date of Signing)	(Unit)	(Work Location)	(Department)

Social Security No.

MISU							
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