



Authorization for Payroll Deduction of Dues (form 1187)

UNITED STATES POSTAL SERVICE AUTHORIZATION FOR DEDUCTION OF DUES

I hereby assign to the National Alliance of Postal and Federal Employees, from any salary or wages earned or to be earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the Union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union in accordance with any procedures established for such purpose, by the U.S. Postal Service.

This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year, unless written notice is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.

This assignment is freely made pursuant to the provisions of the Postal Reorganization Act is not contingent upon the existence of any agreement between you, my Union, or any other Union.

NAME OF EMPLOYEE (<i>Print, Last Name, First, Middle</i>)		SOCIAL SECURITY NUMBER	
HOME ADDRESS (<i>Street and Number</i>)		<i>(City and State)</i>	
		<i>(Zip Code)</i>	
POSTAL INSTALLATION		INSTALLATION FINANCE NUMBER	
E - NATIONAL ALLIANCE OF POSTAL AND FEDERAL EMPLOYEES		DATE	
		POSITION	
<div style="border: 1px solid black; padding: 5px;"><small>Union dues, contributions or gifts to the NAPFE are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.</small></div>		LOCAL NUMBER	
I hereby certify that the regular dues of this Local Union for the above-named member are currently established at \$ _____ per calendar month.			
SIGNATURE OF EMPLOYEE		DATE	
DATE OF DELIVERY TO EMPLOYER:		SIGNATURE AND TITLE OF UNION OFFICIAL	