

**MSU-BOZEMAN UNION DUES PAYROLL DEDUCTION FORM**

Name: \_\_\_\_\_

SSN/GID: \_\_\_\_\_

Department: \_\_\_\_\_

Check the appropriate deduction and enter amount:

\_\_\_ 5AF AFSCME \$\_\_\_\_\_

\_\_\_ 5NU Nurses \$\_\_\_\_\_

\_\_\_ 5CA Carpenters \$\_\_\_\_\_

\_\_\_ 5OE Operating Eng \$\_\_\_\_\_

\_\_\_ 5EW Electricians \$\_\_\_\_\_

\_\_\_ 5PA Painters \$\_\_\_\_\_

\_\_\_ 5LA Laborers \$\_\_\_\_\_

\_\_\_ 5PU Plumber \$\_\_\_\_\_

\_\_\_ 5MP MPEA \_\_\_ Voting \$ 17.00

\_\_\_ 5TE Teamsters \$\_\_\_\_\_

\_\_\_ Non-Voting \$ 15.50

I authorize the above deduction from my payroll check starting with the payroll dated \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I request the above deduction from my payroll check be cancelled starting with the payroll dated \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 7/09

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