

**EMPLOYEE DEDUCTION AUTHORIZATION**

**C.O.P.E. - BROTHERHOOD FUND**

\_\_\_\_\_ Yes I authorize      \_\_\_\_\_ No I do not authorize      (check one)

I hereby authorize my employer to deduct from my pay the sum of ten cents (\$0.10) per hour, or \_\_\_\_\_ (alternate amount), for all hours actually worked, in accordance with the Agreement between the Finger Lakes NY Chapter NECA, Inc., and Local Union #43 of the International Brotherhood of Electrical Workers. These contributions will be equally divided between the funds. I understand that this deduction of monies is for political purposes and authorizes the Union to direct this contribution as they see fit. I also understand that this contribution is not mandatory and that I may elect to contribute more or less to the fund than indicated above. I further understand that the Union cannot favor or discriminate against me based upon this decision, and that I have the right to revoke this political action authorization in writing at any time.

Name \_\_\_\_\_ (Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR DUES CHECK-OFF**

I hereby authorize and direct \_\_\_\_\_ (employer) to deduct from my pay, Union membership initiation fee, dues and additional working dues in the amounts fixed in accordance with the By-Laws of Local Union #43 and the Constitution of the International Brotherhood of Electrical Workers and pay same to said Local Union in accordance with the terms of the bargaining agreement between the Employers and the Union.

This authorization shall be irrevocable for a period of one (1) year from the date hereof or until the termination of said Agreement, whichever occurs sooner, and I hereby agree that this authorization shall be automatically renewed and irrevocable for successive periods of one (1) year unless revoked by written notice to you and the Union ten (10) days prior to the expiration date of each one year period, or of each applicable bargaining agreement between the Employer and the Union, whichever occurs sooner.

Name: \_\_\_\_\_ (Print)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Contributions may not be tax deductible.

