

**UNITED STATES POSTAL SERVICE**

**AUTHORIZATION FOR DEDUCTION OF DUES**

RURAL CARRIER  
CLASSIFICATION

Regular  PTF  RCA  ARC

(SOCIAL SECURITY NUMBER) OR (USPS EMPLOYEE I.D. NUMBER)

LASTNAME

FIRSTNAME

MI

MAILING ADDRESS

CITY

STATE

ZIP CODE +4

POSTAL INSTALLATION WHERE EMPLOYED

ZIP CODE OF INSTALLATION

INSTALLATION FINANCE NO.

**SECTION A - AUTHORIZATION BY EMPLOYEE**

I hereby assign to the **National Rural Letter Carriers' Association**, 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 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 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 and is not contingent upon the existence of any agreement between you and my Union.

Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

EMPLOYEE SIGNATURE

DATE

PHONE

EMAIL ADDRESS

**SECTION B- FOR USE BY STATE ASSOCIATION**

**R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION**

SIGNATURE OF ACCEPTING UNION OFFICIAL

DATE

I hereby certify that the dues of this organization for the above named member, for the applicable designation, are currently established at \$ \_\_\_\_\_ per pay period.

*Erica Kragness*

STATE SECRETARY

LOC #	STATE
	WI
DATE	REMIT #

**SECTION C- FOR USE BY NATIONAL ASSOCIATION**

Date of Delivery to Employer (For National Office use)

[Empty box for Date of Delivery to Employer]

ANNIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE

\_\_\_\_\_

**RECRUITER INFO:**

PLEASE SIGN NAME  
EIN or CSA NUMBER  
ADDRESS

**SEND TO:**

Beth Montejano  
WIRLCA Assistant Sec/Treasurer  
PO BOX 13011  
Green Bay, WI 54303-3011