

EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCT
COMPLETE THE FOLLOWING AND RETURN TO LOCAL UNION PRESIDENT OR FINANCIAL SECRETARY

EMPLOYEE INFORMATION

| | |
|--|------------------------|
| Name in Full _____ | FPL Employee No. _____ |
| _____ (first) (middle) (last) | |

- NEW Member
 Change in Membership
 TRANSFER from LU# _____
 CANCEL Deductions
 "A" Membership
 "BA" Membership

I hereby authorize FPL to deduct from my pay the designated Union deduction(s) in accordance with the agreement between FPL and the International Brotherhood of Electrical Workers, and pay the same to the Local Union(s) assigned below. I further authorize my Union dues membership fee to change by notification to FPL by the Financial Secretary of the respective Local Union in accordance with the agreement of 12-15-80. This authorization is voluntary and I may revoke it by written statement to the Local Union President.

"Fees, dues and assessments covered by this authorization are not deductible as a charitable contribution for federal Income Tax purposes".

UNION DUES DEDUCTION **POLITICAL ACTION COMMITTEE DEDUCTION**

Payable to Local Union# _____ Payable to Local Union# _____

AMOUNT of Deduction \$ _____

Employee Signature

Date

SYSTEM COUNCIL U-4; DEATH BENEFIT FUND DEDUCTION

I hereby authorize FPL to deduct beginning with my next pay check:

- \$5.00 to cover my initiation fee (and \$5.00 to cover my spouse, if indicated) in the System Council Death Benefit Fund, Inc.
- \$2.00 for myself and \$2.00 for my spouse (if a member of the System Council Death Benefit Fund, Inc.) upon the death of each member, who is in good standings, and after the Tenth death in the By-Laws of the System Council Death Benefit Fund, after the Business Manager has been notified that such death(s) have occurred.

These deducted amounts will be remitted to the Business Manager of the System Council Death Benefit Fund, Inc.

EMPLOYEE Deduction **SPOUSE Deduction**

Spouse Name in Full _____

 (First) (Middle) (Last)

Employee Signature

Date