

Employee Name: _____
Last First MI (Please Print)

ZPid: _____ Union Group: _____

I hereby authorize Michigan State University to discontinue my payroll deductions for Union Dues or Service Fees. I understand that this authorization will become effective within thirty (30) days following its receipt in the university Payroll Office.

Employee Signature: _____ Date: _____

Several collective bargaining agreements require that authorization be sent to BOTH the Payroll Office AND the Union office via certified mail.

Submit completed form to both: Payroll Division AND Applicable Union Office
Hannah Administration Building Union addresses may be found online at
426 Auditorium Road Room 350 http://www.hr.msu.edu/
East Lansing, MI 48824

For Payroll Use Only: Date Received: _____ Initials: _____ Date Entered: _____ Date Effective: _____

The following collective bargaining agreements require that authorization be sent to **BOTH** the Payroll Office **AND** the Union office via **certified mail**. Cards will not be accepted through email, fax, walk-in traffic, campus mail or any other method other than certified mail.

- Union of Nontenure-track Faculty (UNTF)
- AFSCME Local 999
- AFSCME Local 1585
- Clerical Technical Union of MSU (CTU)
- Graduate Employees' Union (GEU)
- IUOE Local 324
- IATSE Local 274
- APA
- APSA

Please keep your postal receipts as proof of submission.

Union addresses may be found online at
<http://www.hr.msu.edu/>