

REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OF ORGANIZATION DUES

<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SOCIAL SECURITY NUMBER)	CSA	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (CIVIL SERVICE ANNUITY NUMBER)
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LAST	FIRST	MIDDLE
STREET AND NUMBER	CITY	STATE ZIPCODE + 4

DATE OF BIRTH:	MONTH	DAY	YEAR	DATE OF RETIREMENT:	MONTH	YEAR
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SECTION A - AUTHORIZATION BY RETIREE

The United States Civil Service Commission is authorized to make an appropriate deduction from my annuity payments, not to exceed the amount certified by the National Rural Letter Carriers' Association as the amount of dues for which I am annually obligated, and to pay the deducted sum to the National Rural Letter Carriers' Association. This authorization shall also apply to any and all dues changes certified to by the NATIONAL RURAL LETTER CARRIERS' ASSOCIATION.

This authorization shall be valid until the National Rural Letter Carriers' Association receives and processes my written notice of cancellation in accordance with its agreement with the Civil Service Commission. Any disputes regarding this allotment authorization shall be a matter between the Association and myself and I hold the Civil Service Commission harmless for any erroneous deductions.

I also authorize the Civil Service Commission to disclose any information necessary to execute this request.

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.

SIGNATURE OF RETIRED CARRIER	DATE	PHONE
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SECTION B- FOR USE BY STATE ASSOCIATION

R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION	CONGRESSIONAL DISTRICT	LOCATION NO.	STATE
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I hereby certify that retired dues of this organization for the above named member are currently established at

\$ **per month.**

SIGNATURE OF _____ , State Secretary	DATE	REMIT NO.
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SECTION C- FOR USE BY NATIONAL ORGANIZATION

Date of Separation:	Date Received at NRLCA: For Office Use Only
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Send to

Dawn Makrinikolas
MARLCA Secretary Treasurer
Po Box 2774
Attleboro Falls, MA 02763-0897