

**DEDUCTION / REVOCATION AUTHORITY
Union / Association Dues or Service Fee**

Last Name (Please Print) First Name MI Department Employee Social Security Number

Street Number Street Name City Zip Code

PART I – DEDUCTION AUTHORITY Union / Association Dues or Service Fee

Effective this date, I hereby request and authorize the City of Detroit to deduct from my earnings a sufficient amount to provide for the regular payment of monthly dues or service fees as may be fixed and certified by the duly authorized Officers of the

Name of Union or Association and Local (If Applicable)

Union / Association Dues Service Fee

I hereby waive all right and claim to said monies paid in accordance with this authorization. Note: This deduction authority is revocable by the employee under certain circumstances as provided in the collective bargaining agreement for the Union / Association for which this deduction authority has been executed. Notice of the revocation must be given to the Finance Director and to the Union or Association.

Date Employee Signature Pension Number

To be completed by Department Personnel 710 ADD 720 CHANGE 730 ADJUST

(A) _____ (B) _____ (C) _____
Deduction Code Deduction Code Deduction Code Agency

PART I B – OPT-OUT OF PAYING UNION DUES

I Elect to OPT-OUT of Paying Union Dues _____

Employee Signature Date

PART II – REVOCATION AUTHORITY Union / Association Dues or Service Fee (If Applicable)

Within thirty (30) days of receipt of this revocation, I hereby request and authorize the Finance Director to terminate my deduction authority for payment of Union / Association Dues or Service Fee to

Name of Union or Association (and Local)

Date Employee Signature Pension Number

To be Completed by Department Personnel

For Official Use Only

700 CANCEL (A) _____
Deduction Code Agency Labor Relations Office Approval Date

(To Be Completed By H.R. Representative) BARGAINING UNIT #: _____

Is Employee a NEW HIRE? Yes _____ **No** _____

Oracle Dept: _____ **PPS Dept:** _____