

**REQUEST FOR AUTHORIZATION OF VOLUNTARY ALLOTMENT
FOR AFGE LOCAL 1923 AFFILIATES DUES**

Drop Dental

NAME OF EMPLOYEE (Print Last Name, First, Middle)		SOCIAL SECURITY NO.
HOME ADDRESS (Number and Street)	(City and State)	(Zip Code)
FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	EMAIL ADDRESS:	DATE OF BIRTH:
BENEFICIARY (Last Name, First Name)		(Relationship)
AGENCY (Include Office, Division, Branch or other Designation and Work Location)		
WORK PHONE:	HOME PHONE:	

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

I hereby certify that the regular dues of this organization for the above-named member are currently established at \$14.00 per biweekly pay period.

Signature and Title of Authorized Official

resident

Date

PRIVACY ACT STATEMENT

Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside of your agency to: (1) the Department of Treasury to make proper financial adjustments; (2) a Congressional office if you make an inquiry to that office related to this record; (3) a court of an appropriate Government agency if the Government is party to a legal suit; (4) an appropriate law enforcement agency if we become aware of a legal violation; (5) an organization which is a designated collection agent of a particular labor organization; and (6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it when it is used as the employee identification number may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

AUTHORIZATION BY EMPLOYEE

I hereby authorize the above-named agency to deduct from my biweekly pay the amount certified above as the regular dues of AFGE Local 1923 and to remit such amounts to that employee organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above-named employee organization as a uniform change in its dues structure.

I understand that this authorization for a biweekly deduction will become effective the pay period following its receipt in the payroll office of employing agency. Dues withholding may be revoked by submitting an SF-1188 or its equivalent as stipulated in the applicable collective bargaining agreement between the above-named agency and AFGE Local 1923. If a request for revocation is not submitted within the contractually designated timeframe, no authorization will recycle for additional 1-year periods.

I further request and authorize the agency to provide the above organization a copy of the above order and any subsequent updating of my address upon request of the above organization.

EMPLOYEE'S SIGNATURE

DATE

Recruiter's Name: _____ Work Location: _____ Phone #: _____

Recruiter Incentive Received (Date) _____ Amount _____ Signature _____