

D.R.I.V.E.
Democrat Republican Independent Voter Education

Termination

Name—Please Print

Social Security Number

Address

City

State

Zip

Name of Company---Please Print

Local Union No.---Please Print

Classification

Date

In accordance with the applicable State or Federal law I wish to revoke my voluntary authorization/contribution to the Teamsters DRIVE program. I understand my right to revoke such authorization/contribution without reprisal and/or disadvantage.

Signature

Please allow 4 to 6 weeks for termination

Original: National DRIVE Copy: Employer