United Faculty of Miami Dade College

AUTHORIZATION FOR PAYROLL CHECKOFF

I hereby authorize and direct my employer that is signatory to an agreement with the United Faculty of Miami-Dade Local 4253 (hereinafter referred to as "UFMDC") or any such of its affiliates to deduct from my wages and pay my voluntary contribution of ( ) $2.00 ( ) $5.00 ( ) $10.00 ( ) $20.00 or ( ) $_____ per regular pay period to UFMDC's state/local political organizations to be distributed as designated from time to time by UFMDC.

I understand that this voluntary payment is not a condition of employment or of membership in the union and that the union cannot favor or disadvantage me because of the amount of my contribution or my decision not to contribute, that I have the right to refuse to sign this authorization and to refuse to contribute to UFMDC's state/local political organizations without reprisal and that UFMDC's state/local political organizations will use the money received to make political expenditures and contributions in connection with state and local elections. While specific amounts may be mentioned, I am free to contribute more or less than any suggested amount.

This authorization shall remain in full force and effect until revoked by me in writing and sent to UFMDC Local 4253 and my employer's human resource office, effective on the payroll period 30 days from the date of notice as provided by law.

Contributions to UFMDC's state/local political organizations are not deductible as charitable contributions for federal or state income tax purposes. Foreign nationals may not contribute.

_____ _____ _____

SIGNATURE SOCIAL SECURITY NUMBER DATE

Employee Name (print): _____

Employee Home Address: _____

Employee Home Phone: _____

Non-Work E-Mail: _____

Department: _____

Mail Completed Form To: UFMDC, 11420 N. Kendall Drive, Suite 107, Miami, FL 33176
Or

Email to: union@ufmdc.org

Or

Fax: (305) 279-0031