

# NCSRCC UNIFORM LOCAL UNION MONTHLY DUES AUTHORIZATION

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The undersigned voluntarily authorizes a deduction of an amount equal to local union monthly dues as established by the North Central States Regional Council of Carpenters in the following manner:

(A) I hereby authorize my employer(s) to deduct from monies held in my name, which would, except for this authorization, be deposited into a Savings Plan in my name, an amount equal to any local union monthly dues as may be established by my local union of record, and to forward that amount to the Union or such depository that the Union designates. Such deductions are to be made once per month from monies, which would, except for this authorization be deposited in my Savings Plan account and shall be remitted to such depository as the Union designates no later than the 15<sup>th</sup> day of each month following the month for which the deduction is being made.

(B) This authorization and assignment shall become effective with the date of execution of the agreement between the said Union and the Employer, and shall continue in full force and effect for a period not to exceed one (1) year of the life or the agreement, whichever occurs sooner, and for subsequent similar period thereafter unless revoked by me within 10 days immediately preceding such contract terms or one (1) year period, whichever occurs sooner. The said revocation must be in writing and bear the date thereof and my signature.

(C) Recognizing that my employment as a carpenter may cause me to be employed by several employers under contract with the union, this authorization will extend to my current employer as well as to any other employer for whom I may perform work under the terms and provisions of the collective bargaining agreement in force and effect as of the time of my employment. The Authorization and Assignment shall continue in accordance with the above provisions irrespective of my present or future membership in the Union.

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Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone No. \_\_\_\_\_ Employer \_\_\_\_\_

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Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Local No. \_\_\_\_\_