

Recruiter Name \_\_\_\_\_ EIN# or CSA# \_\_\_\_\_

Recruiter Address \_\_\_\_\_

Revised  
NRLCA Form 1187  
12-22 2020

**UNITED STATES POSTAL SERVICE**  
**AUTHORIZATION FOR DEDUCTION OF DUES**

**RURAL CARRIER  
CLASSIFICATION**

Regular  PTF  Relief  ARC

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(USPS EMPLOYEE I.D. NUMBER)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE +4

\_\_\_\_\_  
POSTAL INSTALLATION WHERE EMPLOYED

\_\_\_\_\_  
ZIP CODE OF INSTALLATION

\_\_\_\_\_  
INSTALLATION FINANCE NO.

**SECTION A - AUTHORIZATION BY EMPLOYEE**

I hereby assign to the **National Rural Letter Carriers' Association**, from any salary or wages earned or to be earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

**This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year, unless written notice is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.**

This assignment is freely made pursuant to the provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between you and my Union.

Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

**SECTION B- FOR USE BY STATE ASSOCIATION**

**R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION**

\_\_\_\_\_  
SIGNATURE OF ACCEPTING UNION OFFICIAL

\_\_\_\_\_  
DATE

I hereby certify that the dues of this organization for the above-named member, for the applicable designation, are currently established at \$\_\_\_\_\_ per pay period.

LOC #	STATE
	MI
DATE	REMIT #
	MI

Casey Schulz, STATE SECRETARY

**SECTION C- FOR USE BY NATIONAL ASSOCIATION**

Date of Delivery to Employer (For National Office use)

\_\_\_\_\_

ANNIVERSARY DATE TO BE USED  
AT USPS PERSONNEL OFFICE

Send to: CASEY SCHULZ  
MIRLCA STATE SECRETARY  
1498 E DOHERTY RD  
CLARE, MI 48617-9146