Revised NRLCA Form 1187

UNITED STATES POSTAL SERVICE

	RURAL CARRIER CLASSIFICATION
aular	DTE Delief AB

AUTHORIZATION	FOR DEDUCTION	N OF DUES		02/100	
		Regul	ar PT	F Relief ARC	
(SOCIAL SECURITY NUMBER)	(USPS EMPLOYEE I.	D. NUMBER)			
LASTNAME			FIRSTN	IAME	МІ
MAILING ADDRESS – INCLUDING APT #	FIF APPLICABLE	CITY		STATE	ZIP CODE +4
POSTAL INSTALLATION WHERE EMPLOYED	ZIP CODE OF INSTA	ALLATION	INSTALLA	TION FINANCE NO.	
SECTI	ION A - AUTHORIZA	TION BY EMPL	OYEE		
and to remit same to said Union at such times a authorization is in effect. This assignment, authorization and direct you, and I agree and direct that this assignment for successive periods of one (1) year, unless not less than ten (10) days prior to the expiration of the expirati	ction shall be irrevocable nent, authorization and d as written notice is given ation of each period of o the provisions of the Posta	e for a period of one irection shall be au by me to you and t ne year. Il Reorganization Act	e (1) year fro tomatically r the Union no	m the date renewed, and t more than	of delivery hereof to nd shall be irrevocable n twenty (20) days and on the existence of any
EMPLOYEE SIGNATURE	DATE	PHONE		EMAIL AD	DRESS
R - NATIONAL RURAL	ECTION B- FOR USE E			CIATI	ON
SIGNATURE OF ACCEPTING UNION OFFICIA	L	DATI			
I hereby certify that the dues of this organization	Lo	OC #	STATE		
the applicable designation, are currently established at \$per pay period.					REMIT#
Angela Beier		, STATE SECRETA	ARY		
SEC	TION C- FOR USE BY	NATIONAL ASS	OCIATION		
Date of Delivery to Employer (For National Office	ce use)				
ANNIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE					

Emmett MI 48022