



WITHDRAWAL AUTHORIZATION

State Form 57142 (6-21)

INSTRUCTION: Please return this form to: _____
(Provide where employee shall return authorization form.)

WITHDRAWAL AUTHORIZATION

I hereby authorize the _____ to automatically withdraw funds from my paycheck for exclusive representative organization dues. This authorization is to remain in full force and effect until the School has received written notification from me of its termination, or in one year after the date of authorization as indicated by my signature, whichever comes first.

Pursuant to IC § 20-29-5-6(c)(3), my authorization must include the following acknowledgment:

I am aware that I have a First Amendment right, as recognized by the United States Supreme Court, to refrain from joining and paying dues to a union (school employee organization). I further realize that membership and payment of dues are voluntary and that I may not be discriminated against for my refusal to join or financially support a union. I authorize my employer to deduct union dues from my salary in the amounts specified in accordance with my union's bylaws. I understand that I may revoke this authorization at any time.

Full name of employee <i>(Please print)</i>	Position of employee
Organization of school employee	Work E-mail address of employee

I represent that I am the employee stated above and that I have read the terms of the authorization form.

Signature of employee	Date <i>(month, day, year)</i>
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FOR OFFICE USE ONLY

Account number	Date confirmation received <i>(month, day, year)</i>
Date authorization revoked <i>(month, day, year)</i>	Date school employee organization notified <i>(month, day, year)</i>