



# WITHDRAWAL AUTHORIZATION

State Form 57142 (7-21)

**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 in the amounts specified in accordance with my union's bylaws. 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.

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>