

Authorization for Check-Off of IUEC Dues Form

To: Any and All Employers Signatory to a Collective Bargaining Agreement with the IUEC

I hereby assign to the International Union of Elevator Constructors (IUEC), from any wages earned by me as an employee of any employer who is signatory to an applicable collective bargaining agreement (in my present or in any future employment), the currently applicable IUEC Dues, authorized in the IUEC Constitution and By-Laws and specified by the IUEC General Executive Board. I authorize you to deduct such amounts from my pay on a weekly or hourly basis and to remit such sum monthly to the IUEC as may be agreed upon between the IUEC and the Company at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable for a period of one year from the date of delivery hereof, or until the termination of the collective bargaining agreement between you and the IUEC in effect at the time, whichever occurs sooner; and I agree this authorization, assignment and direction shall be automatically renewed and shall be irrevocable for successive periods of one year each and for the period of each successive agreement between an employer with whom I am at that time employed and the IUEC, whichever shall be shorter, unless notice is given by me to the employer with whom I am at that time employed and the IUEC not more than twenty (20) days and not less than the (10) days prior to the expiration of each period of one year, or of each applicable collective bargaining agreement between an employer with whom I am at that time employed and the IUEC, whichever occurs sooner.

This authorization is made pursuant to the provisions of Section 302(C) of the Labor-Management Relations Act of 1947 and shall be effective on the date of execution.

It is agreed that this Form will be executed in triplicate, with one copy each to the IUEC, one to the Company, and one to the member.

Name: _____

Last four digits of Social Security Number: _____

Local Union: _____

Your signature: _____

Date: _____

Name of Employer: _____