Revised NRLCA Form 1187-R 2006

## REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OF ORGANIZATION DUES

				OR						
(SOC			ER)	( <mark>CIVIL SERVICE ANNUITY NUMBER</mark> )						
	LAS	T		FIRST		MIDDLE				
	STREET AND	NUMBER		СІТҮ	STATE		ZIP CODE +			
DATE OF BIRTH:	MONTH	DAY	YEAR	DATE OF RETIREMENT:	MONTH	DAY	YEAR			
			SECTION A -	- AUTHORIZATION BY RET	IREE					

The United States Civil Service Commission is authorized to make and appropriate deduction from my annuity payments, not to exceed the amount certified by the National Rural Letter Carriers' Association as the amount of dues for which I am annually obligated, and to pay the deducted sum to the National Rural Letter Carriers' Association. This authorization shall also apply to any and all dues changes certified to by the NATIONAL RURAL LETTER CARRIERS' ASSOCIATION.

This authorization shall be valid until the National Rural Letter Carriers' Association receives and processes my written notice of cancellation in accordance with its agreement with the Civil Service Commission. Any disputes regarding this allotment authorization shall be a matter between the Association and myself and I hold the Civil Service Commission harmless for any erroneous deductions.

I also authorize the Civil Service Commission to disclose any information necessary to execute this request.

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.

SIGNATURE OF RETIRED CARRIER		DATE		PHONE		
4						
		0				
	SECTION B –	FOR USE BY STATE	ASSOCIATIO	N		
<b>R - NATIONAL RURAL LETT</b>	CONGRESSIONAL DISTRICT		LOCATION NO.		STATE	
CARRIERS' ASSOCIATIO						
I hereby certify that the retired dues of th	is organization of	f the above named men	nber are currei	ntly established at		
\$9.67 per month.						
SIGNATURE OF		DATE			REMIT NO	
	, Sta	te Secretary				
S	ECTION C – FO	R USE BY NATION	AL ASSOCIAT	ION		
Date of Separation: D		Date Received at NRLCA:		For Office use only		
Original - NRLCA						
Submit Original to State Secretary -	Raye Ann	Reeves				
Be sure to include your CSA number.		State Secretary-Treasur	er			
-		, Highway 109				
	Molena, (	GA 30258-2900				