Revised NRLCA Form 1187-R 2006

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

				OR				
(SOCIAL SECURITY NUMBER)				(CIVIL SERVICE ANNUITY NUMBER)				
	LAS	T		FIRST	FIRST		MIDDLE	
	STREET AND	NUMBER		CITY	STATE		ZIP CODE +	
DATE OF BIRTH:	MONTH	DAY	YEAR	DATE OF RETIREMENT:	MONTH	DAY	YEAR	
			SECTION A -	- AUTHORIZATION BY RET	IREE			

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			
SECTION B –	FOR USE BY STATE ASSOCIATION	V	
R - NATIONAL RURAL LETTER	CONGRESSIONAL DISTRICT	SSIONAL DISTRICT LOCATION NO. STATE	
CARRIERS' ASSOCIATION			
I hereby certify that the retired dues of this organization of	of the above named member are curren	tly established at	
\$ 9.33 per month.			
SIGNATURE OF	DATE	REMIT NO	
, Sta	ate Secretary		
SECTION C – FO	OR USE BY NATIONAL ASSOCIATI	ON	
Date of Separation:	Date Received at NRLCA:	For Office use only	
Original - NRLCA			