



AUTHORIZATION FOR CHECK-OFF OF DUES

To: DFW Security Protective Force

I hereby assign to Committee for Fair & Equal Representation (CFER), hereinafter referred to as the Union, from any wages earned or to be earned by me as your employee (in my present or in any future employment by you) such sums as the Financial Officer of said Union (CFER) may certify as due and owing from me as membership dues, including an initiation or reinstatement fee and monthly dues is such sum as may be established from time to time by said Union in accordance with the Constitution and By-laws of the Union. I authorize and direct you to deduct such amounts from my pay and to remit same to the Union at such time and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable for the period of one (1) year from the date of delivery hereof to you, or until the termination of the collective bargaining agreement between the Employer and the Union which is in force at the time of delivery of this authorization, whichever occurs sooner; and I agree and direct that this assignment, authorization and directions shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year each or for the period of such succeeding applicable collective agreement between the Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective agreement between the Employer and the Union, whichever occurs sooner.

This authorization is made pursuant to the provisions of Section 302 of the Labor Management Relations Act of 1947 and otherwise.

While contributions or gifts to Committee for Fair & Equal Representation (CFER) are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.

DEDUCTIONS:

Initiation Fee \$ 50.00

Monthly Dues \$ 3.5 HOURS OF WAGES

Date of Signing & Date of Delivery to Employer

Signature of Employee

Type or Print Name of Employee

Address of Employee

City State Zip

Telephone Number