

Brotherhood's Relief and Compensation Fund
2150 Linglestown Road
Harrisburg, PA 17110
1(800) 233-7080 www.brcf.org

Payroll Deduction Authorization

Payroll deduction is available on the following railroads:

A&S	BNSF	CSX	IHB	NS	UP
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BR&CF Member No: _____ Railroad Employee ID No: _____

Member Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Cell No: (____) _____ - _____ Home No: (____) _____ - _____ E-mail: _____

Signature: _____ Date: _____

By signature above, I hereby authorize the BR&CF to deduct my membership dues from my paycheck via my employer on a **monthly** basis. I understand authorization may be terminated by written notice to the BR&CF.

Due to the processing time required by the railroad it is necessary to submit one month's dues with this form.