

AUTHORIZATION OR CANCELLATION OF VOLUNTARY DEDUCTION FOR PAYMENT OF EMPLOYEE ORGANIZATIONAL DUES

GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF BUDGET AND FINANCIAL MGT. DISTRICT ACCOUNTING PAY SECTION

SECTION A - TO BE COMPL	LETED BY EMPLOYEE
PLEASE PRINT IN BLOCK UPPERCASE LET	TTERING USING BLACK/BLUE INK.
Last Name Fir	rst N
Home Address	Apt. or Suite No.
City	State Zip + four
Home Phone Number Personal Cell Phone Number (preferred)	Office Number Extension
	x
Primary Personal Email (Not your government email address) Opt Out Email	I would like to receive text message
	from AFGE.
Employee SSN MJC Effective date	I give permission for AFGE to invite me to robocalls and tele-town halls
	via my personal cell phone.
I hereby authorize a deduction from my pay each pay period,	Check Cancellation - Enter 0000 Above
to be forwarded to the employee organization named herein:	One New Application - Field Code 09
NAME OF EMPLOYEE ORGANIZATION	Enter proper deduction code
NAME OF EMILECIES ONGANIZATION	(see reverse side)
	Local Local
Signature of Employee	Date Signed MM/DD/YY
SECTION B - TO BE COMPLETED BY	Y EMPLOYEE ORGANIZATION
NAME OF EMPLOYEE ORGANIZATION	
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES	
I hereby certify that the regular dues for the above named mem	— lber are currently established at: \$ per pay perio
	Date signed MM/DD/YY
Signature and Title of Authorized Official	Local
REBATE REC	CEIPT
Must have recruiter i	info to process
Recruiter Last Name Fire	rst N
Recruiter SSN Email address	
	Home phone
Current Address:	

^{*}In compliance with DoL regulations, any recruiter receiving over \$600 a year will receive a 1099 tax form.