## Check-Off Authorization and Assignment

I, the undersigned hereby authorize my employer, Truman State University, to deduct from my wages and to pay to Local 773 or its authorized representative, initiation fees and membership dues, in such amounts as may be established by such Local Union and in accordance with the agreement between such Local Union and my employer. This authorization and assignment shall be irrevocable for the term of the applicable contract between the Union and the Company, or for one year, whichever is the lesser, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is the lesser, unless I give written notice to the Company and the Union at least 30 days and not more than 60 days before any periodic renewal date of this authorization and assignment of my desire to revoke the same.

Name (please print)	<del>_</del>	Banner ID Number
Address:	Street	City, ST Zip
Date of Birth	<u> </u>	Date of Employment
Participate	Terminate ( <b>December Only</b> )	
	Submit to Human Resources	Effective Date of Change
Check-	Off Authorization and Assignmen	nt
employer. This authorization and assibetween the Union and the Company, itself for successive yearly or applicab written notice to the Company and the	and in accordance with the agreement between agnment shall be irrevocable for the term of the or for one year, whichever is the lesser, and all contract periods thereafter, whichever is the Union at least 30 days and not more than 60 assignment of my desire to revoke the same.	he applicable contract shall automatically renew he lesser, unless I give days before any periodic
Name (please print)	_	Banner ID Number
Address:	Street	City, ST Zip
Date of Birth	<u> </u>	Date of Employment
☐ Participate	Terminate ( <b>December Only</b> )	
	Employee Copy	Effective Date of Change