

Social Security Number: \_\_\_\_\_



## CHECK OFF AUTHORIZATION AND ASSIGNMENT FORM

I, \_\_\_\_\_,  
(Print First Name, Middle Initial and Last Name)

Local Union Number \_\_\_\_\_

hereby authorize my employer, United Airlines, Inc., to deduct from wages earned or to be earned by me an amount equal to the monthly dues, initiations fees and uniform assessments of my Local Union, as designated by the International Brotherhood of Teamsters, Airline Division, and direct such amounts to be turned over each month to the Secretary-Treasurer of my Local Union on my behalf. This authorization is voluntary and is not conditioned on my present or future membership in the Union.

This authorization and assignment shall be irrevocable for the term of the applicable labor Agreement between the Union and Carrier in effect at the time this is signed or for one year, whichever occurs sooner. It shall automatically renew itself for successive yearly or labor Agreement periods, whichever occurs sooner, unless I give written notice to the Union at least sixty (60) days, but not more than seventy-five (75) days, before any periodic renewal date of this authorization and assignment of my desire to revoke the same. This authorization and assignment is made subject to the provisions of the Railway Labor Act, as amended, and in accordance with existing Agreement between the Union and the Carrier.

Organization Code \_\_\_\_\_  
(See UG 100 or Paycheck Stub)

Employee's File Number \_\_\_\_\_  
(See UG 100 or Paycheck Stub)

Classification \_\_\_\_\_

Station Location \_\_\_\_\_

Signature Employee \_\_\_\_\_

Date \_\_\_\_\_

**Union Dues, Fees and Assessments are not deductible as charitable contributions for Federal income Tax Purposes**

**DO NOT FILL IN BELOW THIS LINE FOR COMPANY USE ONLY**

State Number \_\_\_\_\_  
(Do not fill in - for Payroll Use)

Payroll Code Number \_\_\_\_\_  
(Do not fill in - for Payroll Use)

