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

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

SECTION A — TO BE COMPLETED BY EMPLOYEE.

Please print in **BLOCK UPPERCASE LETTERING** *using black ink.*

LAST NAME | FIRST | M.I.

HOME ADDRESS | APT. OR SUITE NO.

CITY | STATE | ZIP + FOUR

EMPLOYEE SSN | MJC | EFFECTIVE DATE | PAYROLL CODE

EFFECTIVE DATE: MM/DD/YY

I hereby authorize a deduction from my pay each pay period, to be forwarded to the employee organization named herein:

CHECK ONE

☐ CANCELLATION - ENTER 0000 ABOVE. (See NOTE below)

☐ NEW APPLICATION FIELD CODE 096 Enter proper deduction code (See reverse side)

NAME OF EMPLOYEE ORGANIZATION

LOCAL _____

SIGNATURE OF EMPLOYEE

DATE: MM/DD/YY

SECTION B — TO BE COMPLETED BY EMPLOYEE ORGANIZATION.

NAME OF EMPLOYEE ORGANIZATION

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

I hereby certify that the regular dues for the above named member are currently established at: $ _____ per pay period.

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

DATE: MM/DD/YY

LOCAL

REBATE RECEIPT

RECRUITER LAST NAME: | FIRST | M.I.

RECRUITER SSN: | DATE: MM/DD/YY

☐ Check here and complete if your address has changed: Street: _____

City: _____ State: _____ Zip: _____

Form 277/Revised April 2004