



United Transit Leadership Organization

P.O. BOX 15 RADIO CITY STATION, NEW YORK, NY 10101

DUES DEDUCTION AUTHORIZATION CARD

I hereby authorize the Employer, _____, to deduct in each regular payroll from my salary or wages such dues as may be required under the United Transit Leadership Organization Constitution and By-Laws on a bi-weekly basis and to pay over said sum to the United Transit Leadership Organization. I also agree to pay all dues and other financial obligations as a member of the United Transit Leadership Organization (the "employee organization") in the event the Employer fails, refuses or neglects to make the payments required herein.

This authorization shall terminate and cease only upon the completion of the following process:

1. In order to terminate this authorization, I must first submit a written application to the employee organization between fifteen days before the anniversary date of this Authorization and such anniversary date during any calendar year.
 2. If I fail to make such application within the time period set forth above, this authorization shall continue unabated.
 3. The application described above shall also serve as an application to terminate my membership in the employee organization.
 4. Upon receipt of said application, the employee organization shall have 30 days to acknowledge receipt and provide me with a Notice of Waived Benefits which shall set forth any benefits or services I will lose due to my termination of this authorization and concurrent termination of employee organization membership.
 5. The Notice of Waived Benefits shall contain an Acknowledgement for my signature. I will then have 5 days from the date on the Notice to return the signed and notarized acknowledgement to the employee organization in person at an office of the employee organization. Only upon said delivery shall this authorization and employee organization membership terminate.
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6. Upon receipt, the employee organization will forward a copy of the signed and notarized Notice of Waived Benefits and Acknowledgement to the Employer Payroll Office.
 7. I understand that there may be a short delay between the union's delivery of the Notice of Waived Benefits and Acknowledgement to Payroll and the termination of dues withholding due to administrative necessity. I will have no claim for dues paid and no membership status during this time period.
 8. I further understand that I may apply for reinstatement to the employee organization. An application for reinstatement shall be subject to approval by the employee organization at its sole and un-appealable discretion. If approved, reinstatement shall be conditioned on payment of an amount equal to the amount of all dues that would have been paid had I not terminated this authorization and employee organization membership. I will also be required to pay an administrative fee to compensate the employee organization for administering my withdrawal and reinstatement.
 9. The foregoing is a legally binding agreement authorized by, and in compliance with, the 2018 amendments to the New York Public Employees Fair Employment Act. This Authorization may be amended without further notice to comply with additional amendments or administrative or judicial interpretation.
 10. In agreeing to the dues deductions authorized hereby, I also knowingly, clearly and affirmatively agree that the employee organization shall be authorized to speak on my behalf as a member of the employee organization in matters of public concern.

Print Name: _____ (BSC) ID #: _____ Pass #: _____

Signature: _____ Title: _____ Date: _____

