Authorization for Ball State University to Collect
American Federation of State, County, and Municipal Employees (AFSCME)
Union Dues via Payroll Deduction

I authorize Ball State University to deduct from my earnings the amount of union dues unless and until I revoke this authorization in writing to my employer.

Employee's Signature _____ ID Number _____

Print Name _____

Date _____

Note: This authorization is invalid if it is not received in Ball State University's Payroll & Employee Benefits Office within ten (10) calendar days of the date the employee signed the authorization.

Revocation of Payroll Deduction
for
American Federation of State, County, and Municipal Employees (AFSCME)
Union Dues

I revoke the authorization for Ball State University to deduct union dues from my earnings.

Employee's Signature _____ ID Number _____

Print Name _____

Date _____