

# Authorization to Withhold or Continue to Withhold Union Dues and Assignment of AD&D Beneficiary

\_\_\_\_\_  
Last Name                                      First Name                                      Department                                      Email (non-University preferred)

\_\_\_\_\_  
Street                                      City                                      State                                      Zip                                      Phone

*Please consider my signature on this document as authorization for, or reaffirmation of, my membership in AFT Local 1904 at Montclair State University.*

**I am presently a full dues-paying member of the Union,** and authorize the State of New Jersey to CONTINUE making bi-weekly AFT union dues deductions from my wages in such amounts as are uniformly required by the Union of all of its members and to REMIT all such dues deducted to AFT Local 1904 at Montclair State University in accordance with the provisions of the current Agreement between the State of New Jersey and the Council of New Jersey State College Locals.

**I AM NOT presently a full dues-paying member of the Union, but wish to become one.** I hereby authorize the State of New Jersey to BEGIN making bi-weekly AFT union dues deductions from my wages in such amounts as are uniformly required by the Union of all of its members, and to remit all such dues deducted to AFT Local 1904 at Montclair State University, in accordance with the provisions of the current Agreement between the State of New Jersey and the Council of New Jersey State College Locals. I understand that this authorization shall remain in effect unless cancelled by me in writing as per the current negotiated contract and State and Federal laws.

*As a full dues-paying member of Local 1904, you automatically are covered by the AFT Accidental Death & Dismemberment Policy. By signing this card, you designate the person named here as the beneficiary of the benefits provided.*

**Note: Full costs of this policy are borne by the Local.**

Beneficiary \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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