LABORERS' LOCAL 773

5102 Ed Smith Way Marion, IL 62959 (618) 993-5773 E-mail: laborer@local773.com

Affiliated with THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICA



CHECKOFF AUTHORIZATION AND ASSIGNMENT

	Name of E	mployor		
	Name of E	inployer		
l,	, (print name), do hereby assign to Local			
as shall be required to pay an amore assessments of the Local Union as represent Employer and any future E	ount equivalent to the in may be established for in imployer, is hereby authorized representative in	initiation fees, ro ts members fron horized to dedu	AFL-CIO, such amounts from my wages eadmission fees, membership dues, and time to time. My Employer, including my ct amounts from my wages and pay the the collective bargaining agreement in	
This authorization shall become ope into between my Employer and the U	erative upon the effectiv	e date of each	collective bargaining agreement entered	
this authorization shall be automatically or for the period of any subsequent unless written notice is given by me to than ten (10) days prior to the expiral agreement between my Employer and the interest of the expiral agreement between my Employer and the interest of the expiral agreement between my Employer and the interest of the expiral agreement between my Employer and the interest of the expiral agreement between my Employer and the interest of the expiral agreement between my Employer and the interest of the expiral agreement between my Employer and the interest of the expiral agreement in the existence of	/ Employer and the Unional American Interpretation of the Employer and the attorn of each period of the Union, whichever	on, whichever on e irrevocable for ny Employer and Local Union not one (1) year, or occurs sooner	il termination of the collective bargaining cours sooner; and I agree and direct that successive periods of one (1) year each, d the Union, whichever shall be shorter, a more than twenty (20) days and not less of each applicable collective bargaining Furthermore, this checkoff authorization ons irrespective of my membership in the	
Union Dues and fees are not deducti qualify as business expenses, howev imposed by the Internal Revenue Ser This assignment has been execut	ver, and may be deductily rvice.	ble in limited circ	ral income tax purposes. Local dues may cumstances subject to various restrictions	
Phone		E	mployee Signature	
Date of Birth		So	cial Security Number	
	Street Ad	dress		
City	Sta	te	Zip	
County		e-mail address		
Please check if you are a Ve	eteran or Active Milit	arv		
	°	a a	· M	
Initiation Fee	Date Emp	loyed	Dues	