

## AGENCY FEE CHECK-OFF AUTHORIZATION

First Name:	MI:	Last Name:	
Home Address:			
City:	State:	Zip:	DOB:
Work Email:	Perso	nal Email:	
Home Phone:	Cell P	hone: Yes, please send me	important updates and reminders.*
College/University:			
Department/Program:			
AGENCY FEE CHECK-OFF AUTHORITHM I hereby authorize and direct my employer to International Union (SEIU) Local 509 — the curreby SEIU Local 509 in accordance with the SEIU Local 509 in accordance with the SEIU Local 509 in authorized to deposit Employer(s) under contract with Local 509 in the authorized to redeposit this authorization with that Employer terminates and I am later rehired. I understand that choosing to pay an Agency Flimited to, participation in contract votes and union	o deduct from my ent amount of the local 509 Constitu orize the Employe t this authorization ne event I change any Employer un	SEIU Local 509 Agency tion and Bylaws and a r to make such deduct on with my current En Employer or obtain ad der contract with Loca all rights of union me	y Fee, as established or revised pplicable law. If for any reason tion in the subsequent payroll apployer(s) and with any other ditional employment – and is al 509 if my employment with
Signature:		Da	te: