



Social Security	Employee Name (Last, First, Middle Initial)
 	

**Employee Authorization For Payroll Deduction
Of Union Dues And Initiation Fee For CWA**

I hereby authorize AT&T to deduct from my salary or wages (excluding overtime and shift premiums), bonus and incentives, sickness or disability payments, or other benefit payments or vacation payments, an amount equal to regular monthly Union dues. If for any reason AT&T fails or is unable to make a deduction, I authorize AT&T to make such deduction in a subsequent payroll period.

The amount equal to regular monthly Union dues shall be that which is certified to AT&T by the Communications Workers of America for the bargaining unit and job in which I am employed and shall automatically be adjusted for any bargaining unit and job changes.

This authorization shall remain in effect when I am employed by AT&T unless cancelled by me. Such cancellation must be individually sent to my AT&T Payroll Office and to the Local Union by Certified Mail postmarked within the fourteen (14) day period prior to the contract anniversary date (defined as each 365 day period from the date of execution of this Agreement) or termination date of the current or subsequent Collective Bargaining Agreement, and shall be effective in the first payroll period in the following month.

This authorization is voluntarily made in order to pay my fair share of the Union's cost of representing me for purpose of collective bargaining, and this authorization is not conditioned on my present or future membership of the Union.

In addition, I authorize AT&T to deduct from my salary, wages or other payment an amount of \$_____ in payment of my initiation fee.

Amounts deducted in accordance with this authorization are not deductible as charitable contributions for Federal Income Tax purposes.

Date _____ Employee Signature _____

Employee Work Location _____ Local Union _____ Personal E-mail _____ Cell Phone _____

AT&T _____ **COMPANY COPY**
(Tear at perf)

APPLICATION BLANK

Name (Mr./Mrs./Miss) _____ (PRINT) Soc. Sec. No. _____

Address _____

Communications Workers of America

I hereby request and accept membership in the COMMUNICATIONS WORKERS OF AMERICA and when accepted by the Local, agree to be bound by the Constitution of the Union and Amendments thereto and Rules and Regulations now in effect or subsequently enacted by the Union and/or the Local to which I am assigned.

Date _____ Signature _____

Net Credited Seniority _____ Present Title _____

Department _____ Base/Work Location _____

Residence Telephone No. _____ Representative _____

Initiation Fee \$ _____ Business Telephone No. _____

Accepted Rejected Registered Voter

AUTHORIZING SIGNATURE _____

Union membership dues and agency fees are not deductible as charitable contributions for Federal Income Tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue code.

LOCAL COPY

(Tear at Perf)



**Union Political Action Committee
Allotment Authorization**

Social Security Number	Employee Name (Last, First, Middle Initial)	Union: National	Local	Effective Date
		CWA		

Check One: New Enrollment Change of Amount Cancel

I hereby authorize AT&T to deduct from my wages each Pay Period, in accordance with the agreement between the Company and the Union, the amount shown below and transmit that amount to the Treasurer of the appropriate committee as I direct in my election to participate.

Amount to be deducted \$ _____

This authorization is made voluntarily to the specific understanding that it and the making of payments to the committee are not conditions of membership in the Union or employment with the Company. This authorization revokes and supersedes any authorization previously given by me. Contributions of gifts to COPE-PAC are not deductible for Federal Income Tax Purposes.

Forward To: _____
Treasurer Employee Signature _____ Date _____ Bus. Tel. No. (Incl. Area Code) _____

COPE - PAC _____
CWA Signature of Union Representative Certifying That Employee is Eligible to Participate _____

COMPANY COPY