

# Dues Deduction Authorization Form for Paycheck Deduction of Union Dues or Agency Fees

Union of Adjunct Faculty at Pace Local 6379, AFT, AFL-CIO

**NOTE: This form does NOT make you a UAFP member. To join UAFP please email [bbullisuafp@gmail.com](mailto:bbullisuafp@gmail.com), for the membership form and return as detailed below.**

I hereby authorize and direct Pace University to deduct from my salary and to remit to the Union on my behalf, either regular periodic Union membership dues or agency fees in amounts specified by the Union of Adjunct Faculty at Pace, Local 6379 AFT, AFL-CIO.

In the event I submit this authorization after September 15 (with respect to the Fall semester) or February 1 (with respect to the Spring semester), I authorize the university to deduct the full amount of dues or agency fees owed for the entire semester in one lump sum for my final paycheck for that semester.

This authorization may be revoked by me as of any anniversary date hereof by written notice by me of such revocation, received by the University and the Union, by registered mail, return receipt requested, not more than sixty (60) days and not less than ten (10) days, before any such anniversary date, or on the termination date of the Collective Bargaining Agreement, whichever occurs sooner. All adjuncts and part-time instructors represented by the Union of Adjunct Faculty at Pace are required to pay either membership dues or agency fees to the Union. Those who do not complete a valid Authorization or otherwise pay the amount of the applicable Union dues or agency fees directly to the Union, shall not be eligible for reappointment by the University unless and until their applicable union dues or agency fees have been paid to the Union.

This authorization shall automatically be revoked if I have not worked for 24 consecutive months.

Notwithstanding anything contained above or any provision of law or decisional law to the contrary, the University's obligation to deduct membership dues or agency fees shall be suspended upon the expiration of the Collective Bargaining Agreement and shall not resume until such time that a successor Collective Bargaining Agreement takes effect.

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-Mail \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Mail to: UAFP, 139 Fulton St. – Rm. 708, New York, NY 10038

Or scan & e-mail to: [attorneygmm@gmail.com](mailto:attorneygmm@gmail.com)