

CWA-PAC AUTHORIZATION FOR PAYROLL DEDUCTION CARDS



LOCAL _____ DATE _____

PAYROLL OFFICE _____

TO: _____ FROM: _____

_____ CWA-PAC Authorization cards are being transmitted to the Company for the members listed below.

Name	Social Security #	Payroll #	Member Code*

Sent By: _____ Title: _____ Date: _____
(Name)

Ack'd By: _____ Title: _____ Date: _____
(Name)

*N = New *R = Reinstale *C = Change *S = Stop

Copies to:

- International
- Company
- District
- Local