



COMMUNICATIONS WORKERS OF AMERICA

501 3rd Street, N.W.
Washington, D.C. 20001
Attention: Membership Dues Department

FEE AUTHORIZATION FOR AGENCY FEE PAYERS

LOCAL NUMBER: PROCESSING UNIT NUMBER: DATE:

COMPANY NAME AND ADDRESS: LOCAL NUMBER AND ADDRESS:

Blank lines for company name and address information.

DEDUCTION AUTHORIZATION CARDS ARE BEING TRANSMITTED TO THE COMPANY FOR THE WORKERS LISTED BELOW.

Table with 4 columns: SOCIAL SECURITY NUMBER, AGENCY FEE PAYER'S INFORMATION, UNUSED, and FIRST DUES MONTH. It contains three rows of worker information with fields for name, address, phone numbers, and email addresses.

SENT BY: TITLE:

ACKNOWLEDGED BY: DATE:

Copies to: International (e-mail duesmloforms@cwa-union.org)
District
Company (2)
Local