

PRINT NAME: _____

CAMPUS: _____

**REQUEST FOR PROFESSIONAL DUES PAYROLL DEDUCT
(FILL OUT ONE FORM PER DEDUCTION REQUESTED)**

_____ No, I choose not to participate. If no, sign and date.

_____ Yes, I would like to have professional dues deducted from my payroll check. If yes, complete remainder of form.

NAME OF ORGANIZATION: _____

DUES AMOUNT: _____

NUMBER OF PAYMENTS: _____

MONTHLY PAYMENT AMOUNT: _____

DATE

SIGNATURE

EMPLOYEE NUMBER