

Please Print
Clearly

Check-off Authorization - Inland

CODE 1C - FOR OFFICE USE ONLY

Port : _____ Book No.: _____

Currently Sailing
As: _____

Name : _____

Address: _____

Social Security No.: _____ Birth Date: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er)

Cell No.: _____ Home No.: _____

Company : _____

Hire Date: _____

I hereby assign to the Seafarers International Union of North America, AGLIW and direct my Employer to deduct from my wages earned or to be earned by me during this and each month thereafter, including payments for or made during time-off periods, if any, regular monthly membership dues or agency fees. Such dues or agency fees are to be deducted from the first pay period of each month. This authorization is made by me and shall continue under its terms irrespective of my membership status in the Union.

In the alternative, I hereby assign to the Union, and direct my Employer to deduct from my wages as stated above, agency fees. The agency fee amount varies from year to year, and is published annually in the Seafarers LOG, but is generally between 80% and 85% of the dues amount. I signify my choice of this option by initialing here ____.

This assignment and authorization shall be irrevocable for a period of one (1) year from the date hereof, or until the termination date of the current collective bargaining agreement between the Union and the Employer, whichever is the shorter period, and shall be automatically irrevocably renewed for like periods unless, within the thirty (30) day period beginning fifteen (15) days before and ending fifteen (15) days following the end of any renewal period, I submit a written revocation signed by myself and sent by registered mail, return receipt requested, to the Union's Secretary-Treasurer. I further understand that this authorization is effective unless properly revoked, irrespective of my membership status.

Unless indicated by my initials above, if any initiation fees are due and owing to the union, I further authorize you to deduct from my first pay period fifty (\$50.00) dollars of the Union's initiation fees, and a like amount in each and every following pay period until such time that the full initiation fee is paid. If I am paid on a monthly basis, in no event shall the amount deducted be less than fifty (\$50.00) dollars per month. I acknowledge that I owe \$_____ in initiation fees.

All monies deducted from my earnings, as provided above, shall be held by my employer, in trust, and be remitted monthly within ten (10) days after the end of each month.

The Union shall provide the Company with the appropriate method for remitting the deducted dues.

This authorization shall be effective on the date of its signing by me.

Signature: _____ Date Signed: _____

WHITE - UNION

YELLOW - COMPANY

PINK - MEMBER

CHECK-OFF AUTHORIZATION TO DEDUCT DELINQUENT DUES

Please Print All Information

I, the undersigned employee, who is a member or seeking to become a member of the Seafarers International Union of North America, Atlantic, Gulf, Lakes and Inland Waters, an unincorporated association wish to pay delinquent dues owed to the Union from my date of hire. The Union's records indicate that I currently owe \$_____ in back dues. Accordingly, I hereby direct you, my employer, effective this date, to deduct \$_____ per pay period from my compensation to be paid to me by you, until such time as all delinquent dues owed are paid. This authorization is in addition to the Check-Off Authorization form that I have signed to deduct current dues. The monies deducted pursuant to this authorization shall be remitted by you to the Union monthly, within ten (10) days after the end of each month. All monies so deducted shall be held by you in trust until remitted.

I submit this authorization and assignment with the understanding that it will be effective irrevocable for a period of one year from this date, or up to the termination date of the current collective bargaining agreement (if any) between your company and the above Union, whichever occurs sooner; unless all delinquent dues are paid off before that date.

This authorization and assignment shall continue in full force and effect for yearly periods beyond the irrevocable period set forth above and each subsequent yearly period shall be similarly irrevocable unless revoked by me within fifteen (15) days after any irrevocable period. Such revocation shall be affected by individual written notice by registered mail or certified mail to both you, as the employer, and the Union, within such fifteen (15) day period. The authorization shall automatically terminate at such times as all delinquent dues are paid.

The Union shall provide the Company with the appropriate method for remitting the deducted dues.

This authorization and assignment is made and executed in accordance with the authority and directions of Section 302 (c) (4) of the Labor Management Relations Act, as amended and applicable law.

Name: _____ Date of Hire: _____ (Print)

Address: _____

Signature: _____ Date: _____