

Dues Deduction Form

I, _____, hereby authorize Prospect CharterCARE, LLC to withhold from the salary due me the rate of dues fixed by the Union. I understand that this authorization may be revoked by me upon sixty (60) days written notice to the treasurer of the Union. In the absence of such notification, this authorization shall be deemed to be continuous until revoked by me or until termination of my employment. I hereby waive all right and claim for said monies as deducted and transmitted in accordance with the authorization and relieve the Hospital and all its officers from any liability thereof.

Union dues are not tax deductible as charitable contributions for Federal Income Tax Purposes. However, they may be tax deductible as ordinary and necessary business expenses.

Employee's Signature _____

Print Name _____

Date _____

Mailing Address _____

Mobile Phone _____

Email _____

Department _____

Job Title/Shift _____

Rate of Pay _____