

**UNITED STATES POSTAL SERVICE  
AUTHORIZATION FOR DEDUCTION OF DUES**

Revised  
NRLCA Form 1187  
2006



□□□ □□ □□□□  
(SOCIAL SECURITY NUMBER)

OR

□□□□□□□□  
(USPS EMPLOYEE ID NUMBER)

**RURAL CARRIER  
CLASSIFICATION**

Regular  PTF  Relief

□□□□□□□□□□□□□□□□  
LAST NAME

□□□□□□□□□□□  
FIRST NAME

□  
MI

MAILING ADDRESS CITY STATE ZIP CODE

POSTAL INSTALLATION WHERE EMPLOYED ZIP CODE OF INSTALLATION INSTALLATION FINANCE NO.

**SECTION A - AUTHORIZATION BY EMPLOYEE**

I hereby assign to the **NATIONAL RURAL LETTER CARRIERS' ASSOCIATION**, from any salary or wages earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year, unless written notice is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.

This assignment is freely made pursuant to the provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between you and my Union.

Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be deductible under other provisions of the Internal Revenue Code.

SIGNATURE OF EMPLOYEE DATE PHONE

**SECTION B - FOR USE BY STATE EMPLOYEE ASSOCIATION**

**R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION**

SIGNATURE OF ACCEPTING UNION OFFICIAL

DATE

I hereby certify that the dues of this organization for the above named member, for the applicable designation, are currently established at \$ \_\_\_\_\_ per pay period.

LOC. #	STATE □□
DATE	REMIT #

STATE SECRETARY

**SECTION C - FOR USE BY THE NATIONAL ORGANIZATION**

Date of Delivery to Employer (For National Office use)

ANNIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE →

Employee submits all copies to state secretary.

**Important!**  
Be Sure To Include  
Postal Installation ZIP  
CODE Where Indicated.

Original - NRLCA  
Copy 2 - NRLCA  
Copy 3 - State Copy

Original - NRLCA

50012

Submit Original and Copy 2 to NRLCA Membership Department, State Retain Copy 3.

