

Seafarers International Union, Atlantic, Gulf, Lakes and Inland Waters, AFL-CIO
5201 Auth Way ■ Camp Springs, MD 20746 ■ (301) 899-0675 ■ www.seafarers.org

Please Print Clearly

Check-off Authorization - Delinquent Dues Deduction

CODE 1C - FOR OFFICE USE ONLY

Port: _____ **Book No.:** _____

Rating: _____

Currently Sailing As: _____

Company Code: _____

Name: _____ **Address:** _____

Social Security No.: _____ **Birth Date:** _____

Marital Status: Single Married Divorced Widow(er) **Cell No.:** _____ **Home No.:** _____

Company: _____ **Hire Date:** _____

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, AFL-CIO (Union), an unincorporated association, wish to pay any delinquent dues that I may currently owe to the Union. The Union's records indicate that I currently owe \$ _____ in back dues. Accordingly, I hereby direct you, my employer, effective from this date, to deduct \$50.00 (fifty dollars) 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 my current dues obligations. The monies deducted pursuant to this authorization shall be remitted by you to the Union monthly, within twenty days after the end of each month. All monies so deducted shall be held by you in trust until remitted to the Union.

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 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 prior to the commencement of any irrevocable period. Such revocation shall be effected 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 time as all delinquent dues are paid.

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.

Signature: _____ **Date Signed:** _____

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