



City of Miami  
**MIAMI GENERAL EMPLOYEES - AFSCME  
DUES DEDUCTION AUTHORIZATION**

|             |  |                     |
|-------------|--|---------------------|
| <b>TO</b>   | Payroll Section, Accounting Division, Finance Department |                     |
| <b>FROM</b> | Name:  | Last four of S.S.#: |
|             | Department:  | Division:           |

I am directing the City of Miami to deduct from my pay, bi-weekly, beginning with the pay for the first full pay period from the date that this authorization is received membership dues and uniform assessments, if any, in the amount of \$ 25.00 or as may be established from time to time in accordance with the Constitution and/or By-Laws of the Miami General Employees Union 1907 and certified in writing to the City by an accredited officer of the Local. I direct the City to pay over the sum or sums so deducted to a duly-authorized representative of the Local.

This authorization is made pursuant to Section 447.303 Florida Statutes and shall continue until:

- (1) Revoked by me at any time upon thirty (30) days written notice to my employer and employee organization;
- (2) The termination of my employment; or
- (3) My transfer, promotion or demotion out of this bargaining unit.

I am direction the City of Miami to cease deduction of membership dues upon 30 days notice.

In lieu of bi-weekly deduction, I have elected to pay cash in advance in quarterly installments direct to Local 1907. (When selecting this option, do not forward form to Payroll)

I agree that \$1.00 of each of my bi-weekly dues deductions may be transferred to the Miami General Employees United Inc. Political Action Committee. I understand that this contribution is voluntary and may be stopped upon notice to the union.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Date

**MEMBERSHIP DATA**

|                          |                        |           |
|--------------------------|------------------------|-----------|
| Street Address:          |                        |           |
| City:                    | State:                 | Zip Code: |
| Home Phone No.:          | Work Phone No.:        |           |
| Recruiter:               |                        |           |
| Personal E-mail address: | Personal Cell Ph. No.: |           |

**FOR PAYROLL USE ONLY**

|                       |                     |                           |
|-----------------------|---------------------|---------------------------|
| Deduction Code: _____ | Processed By: _____ | _____ _____ _____<br>Date |
|-----------------------|---------------------|---------------------------|