

MICHIGAN CORRECTIONS ORGANIZATION
Authorization for Payroll Deduction
MEMBERSHIP DUES

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Employee I.D. Number

Deduct Code

Effective _____, 20____, I, the undersigned state employee, do hereby authorize the State of Michigan to deduct from my earnings each bi-weekly pay period, an amount certified by the Union as membership dues in such sum as may be established from time to time by said Union in accordance with its Bylaws, irrespective of my Union membership. The amount deducted shall be remitted to the MCO, SEIU Local 526M. This authorization shall remain in effect unless terminated by me by written notice to the Employer, which shall forward such notice of revocation to the Union within fourteen (14) calendar days of receipt.

Signature of Employee _____

Name (Print) _____

Last Name
First
Middle Initial

Department _____ Division of Department _____ Job Location _____

P
R N
I A
N M
T E

Last _____ First _____ Middle Initial _____

Employee I.D. Number _____

Street _____

City _____ Zip _____

Personal e-mail address _____

Work Location _____ Personal Telephone Number _____

Signature _____ Date _____

INSTRUCTIONS

1. Fill out both halves completely
2. Upper half goes to your personnel office
3. Lower half goes to the MCO Central Office