

When Workers Unite - Politicians Listen

Voluntary contributions will be deducted in the authorized amount beginning on the first full pay period following receipt of this authorization by payroll. I hereby authorize my Employer to deduct : **\$10** or _____ (other) from my paycheck each pay period for SEIU LOCAL 500 PAC, subject to the terms set forth below, under SEIU Local 500 PAC CHECKOFF AUTHORIZATION.

SEIU Local 500 PAC CHECKOFF AUTHORIZATION

I authorize SEIU Local 500 to file this payroll deduction form with my Employer, and for my Employer to forward the amount specified above to SEIU Local 500 PAC. I voluntarily make this authorization, based on my understanding that: 1. Signing this form and making voluntary contributions are not conditions of my employment by my Employer or of membership in the Union; 2. I may refuse to contribute without any reprisal; 3. Only union members and executive/administrative union staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU Local 500 PAC; 4. The amounts above are merely a suggestion, and I may contribute more or less by some other means without favor or fear of disadvantage from the Union or my Employer; 5. SEIU Local 500 PAC uses the money it receives for political purposes, including but not limited to contributions and expenditures in connection with federal, state and local elections, and political issues of public importance; 6. All or part of my contribution to SEIU Local 500 PAC may be forwarded to SEIU COPE, a political action committee under the auspices of SEIU, the national affiliate of SEIU Local 500. This authorization remains in full force and effect until revoked in writing by me.

Note: Contributions to SEIU Local 500 PAC are not deductible for federal income tax purposes.

Signature of Employee

Date

TO BE COMPLETED BY THE UNION OFFICE

Dues/Agency Fee Deduction: \$ _____.____ Deduction begins: ____ / ____ / ____

COPE Contribution Amount:: \$ _____.____ Date sent to employer: ____ / ____ / ____

Initiation Fee Amount: \$ _____.____ Initials: _____

Authorized by
SEIU Local 500: _____

Form revised June 2018