

**REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION  
FOR PAYMENT OF ORGANIZATION DUES**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security Number)

CSA OR CSF   
(Civil Service Retirement Claim Number)

Name of Retired Employee			
Last	First	Middle	
Address			
Street and Number	City	State	Zip Code
Date of Birth			
Month	Day	Year	

**SECTION A – AUTHORIZATION**

The United States Office of Personnel Management is authorized to make an appropriate deduction from my annuity payments, not to exceed the amount certified by the **National Treasury Employees Union** as the amount of dues for which I am obligated, and to pay the deducted sum to the **National Treasury Employees Union**. This authorization shall also apply to any and all dues changes certified to by the **National Treasury Employees Union**.

This authorization shall be valid until the **National Treasury Employees Union** receives and processes my written notice of cancellation in accordance with its agreement with the United States Office of Personnel Management. Any disputes regarding this allotment authorization shall be a matter between the **National Treasury Employees Union** and myself and I hold the United States Office of Personnel Management harmless for any erroneous deductions.

I also authorize the United States Office of Personnel Management to disclose any information necessary to execute this request.

Signature of Civil Service Annuitant	Date
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Section B – For USE BY NTEU

**National Treasury Employees Union**

**I hereby certify that the retired dues of this organization for the above named member are currently established at \$ 42.00 per year. The amount of the monthly dues withholding for this member is \$3.50.**

*Contributions or gifts (including dues) to the labor union shown above are not tax deductible as charitable contributions.*

Signature and Title of Authorized Official   National President	Date
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Section C – For USE BY NATIONAL ORGANIZATION  
(as needed by employee organization)