

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



Home Telephone (_____) _____

□ □ □ - □ □ - □ □ □ □
(Social Security Number)

Enter your retirement Claim number, include Prefix - CSA or CSF _____

□ - □ □ □ - □ □ □ □
(Civil Service Annuity Number)

NAME OF RETIRED EMPLOYEE

_____|_____|_____
LAST FIRST MIDDLE

ADDRESS

_____|_____|_____|_____
STREET AND NUMBER CITY STATE ZIP+4

_____|_____|_____|_____
DATE OF BIRTH: MONTH DAY YEAR

AUTHORIZATION

I authorize the Office of Personnel Management to make appropriate deductions from my annuity payments, not to exceed the amount certified by the National League of Postmasters as the amount of dues for which I am annually obligated in accordance with the elections I make and to pay the deducted sum to the National League of Postmasters (League).

I understand that this authorization shall be valid until the League receives and processes my written notice of cancellation in accordance with its agreement with the Office of Personnel Management and that any disputes regarding this authorization shall be a matter between the League and myself. I hold the Office of Personnel Management harmless for any erroneous allotment deductions made pursuant to this authorization.

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

Signature of Retiree Date

FOR LEAGUE OF POSTMASTERS NATIONAL OFFICE USE

The annual national dues of this organization for the above named member is certified as \$ _____

Signature and Title of Authorized Official Date

Date Received at League Headquarters _____ Monthly Deduction \$ _____

Date Processed _____

Use the enclosed return envelope. Please mail white (1st) and yellow (2nd) copies to: National League of Postmasters, 1023 N. Royal St., Alexandria, VA 22314-1569. Attention: Membership Department
Retain pink (3rd) copy for your files.

RECRUITER NAME		<i>PLEASE PRINT</i>	
First _____	Last _____		
City _____	State _____	Zip _____	
WORK PHONE _____	HOME PHONE _____	DATE _____	