

UniSource Electric

PLEASE FILL OUT COMPLETELY AND RETURN ORIGINAL TO:

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION 769
220 N. William Dillard Dr.
Gilbert, AZ. 85233

PLEASE PRINT CLEARLY

NAME	SOCIAL SECURITY NUMBER
ADDRESS	DATE OF BIRTH
CITY, STATE, ZIP	CLASSIFICATION

DUES CHECKOFF AUTHORIZATION

I hereby authorize UniSource Electric (the Company) to deduct from my wages each month the regular membership dues of Local Union 769, International Brotherhood of Electrical Workers (the Union) and authorize the payment of such deductions to the Financial Secretary, Local 769, International Brotherhood of Electrical Workers., 220 N. William Dillard Dr., Gilbert, Arizona 85233.

This authorization shall continue in effect for one (1) year from the date hereof, or until termination of the current Agreement between the Union and the Company, whichever occurs sooner, and for successive periods of one (1) year each or for the period of each succeeding applicable Labor Agreement between the Union and the Company, whichever shall be shorter, unless written notice is given to the Company within the 30 day period immediately preceding the expiration of each period of one (1) year or of each Labor Agreement between the Union and the Company, whichever occurs sooner.

DATE _____

EMPLOYEE'S SIGNATURE _____