



Local Union #191

3100 164th ST NE, Marysville WA 98271 (425) 259-3195 • FAX: (425) 339-9188 ibew191.com

Dues Checkoff Authorization Form

(Applicable to folks not dispatched out of 191-ie; on portability)

To: _____
Name of Company _____ Date _____

I hereby authorize and direct you to deduct such amounts for Union Working Dues from my gross wages and to remit the same to I.B.E.W. Local Union #191, at such times and in such manner as may be agreed between you and the Union at any time this Collective Bargaining Agreement is in effect.

I understand this authorization is irrevocable for one (1) year from the time of delivery or until the termination of the Collective Bargaining Agreement, whichever occurs sooner. Unless revoked prior, I agree that this authorization shall be automatically renewed and shall be irrevocable for successive one-year periods for the remainder of each succeeding Collective Bargaining Agreement.

Name: _____ SS#: _____

Address: _____

Card# _____ LU# _____ Phone#: _____

Employee Signature _____

Date _____

Working/Organizing Dues Rates:

Per the Local 191 bylaws as shown on the Schedule A for the appropriate classification.