

THE LABOR ASSOCIATION OF WISCONSIN, INC

Serving Public Employees Throughout Wisconsin



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VEBA TRUST DUES DEDUCTION AUTHORIZATION

I, the undersigned, hereby authorize my employer to deduct from my wages each and every month, VEBA Trust dues of \$_____, and direct that such amount so deducted be sent to the Labor Association of Wisconsin, Inc., for and on my behalf. The authorization shall be irrevocable and shall automatically renew itself for successive years unless I give 30 days written notice to the employer and the Association of my desire to change the amount or revoke the VEBA Trust Dues Deduction.

Signature

Date: