



United Brotherhood of Carpenters & Joiners of America

Local Union #82

300 15th Street South, Suite #1

Great Falls, MT 59405-2456

Office: 406-453-1301

Fax: 406-453-5230

Cell: 406-403-3744

VACATION DEDUCTION AUTHORIZATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SS#: _____

DATE OF BIRTH: _____

I, _____, hereby authorize the MONTANA EMPLOYEES VACATION SAVINGS PLAN to withhold working dues and an administration fee of \$5.00 per deduction from my vacation savings account. The amount of working dues to be stipulated by the PACIFIC NORTHWEST REGIONAL COUNCIL OF CARPENTERS as a percentage of wages converted to a cents per hour amount. The MONTANA EMPLOYEES VACATION SAVINGS PLAN shall remit this amount to the PACIFIC NORTHWEST REGIONAL COUNCIL OF CARPENTERS. This authorization is effective for one (1) year from the date of my signature on this form or until the expiration of the Labor Agreement, whichever come first, but shall automatically renew unless I revoke this authorization in writing between April 1st and April 15th of any year.

SIGNATURE

DATE

****IF YOU WANT TO HAVE THE VACATION PLAN PAY YOUR MONTHLY DUES: (PLEASE NOTE THEY ONLY PAY TWO TIMES PER YEAR ...JUNE & DECEMBER, YOU ARE REQUIRED TO KEEP YOUR DUES CURRENT UNTIL THE PLAN PAYS).**

By signing this paragraph I, _____, authorize the MONTANA EMPLOYEES VACATION SAVINGS PLAN to use my vacation deduction to pay my monthly dues with Carpenters Local #82, 300 15th Street South Suite #1, Great Falls, MT 59405. This is effective for one (1) year from the date of my signature and WILL START ON THE NEXT WITHDRAWAL DATES OF EITHER April 1st or November 1st, whichever come first and shall renew automatically thereafter unless I revoke this authorization in writing between April 1st and April 15th of any year.

SIGNATURE

DATE