

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

Home Telephone (_____) _____

Enter your retirement claim number, include prefix - CSA or CSF _____

- -
(SOCIAL SECURITY NUMBER)

- -
(CIVIL SERVICE ANNUITY NUMBER)

NAME OF RETIRED EMPLOYEE

NAME	FIRST ADDRESS	MIDDLE
STREET AND NUMBER	CITY	STATE
		ZIP CODE
DATE OF BIRTH	MONTH	DAY
		YEAR

AUTHORIZATION

I authorize the Office of Personnel management to make appropriate deductions form 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 number is certified as \$ _____

Signature and Title of Authorized Official _____
Date

Date Received at League Headquarters _____ Monthly Deduction \$ _____

Date processed _____