

Employee Name: \_\_\_\_\_  
(Please Print) Last First MI  
ZPID: \_\_\_\_\_ Union Group: \_\_\_\_\_

I hereby authorize Michigan State University to discontinue my payroll deductions for union dues or service fees. I understand that this authorization will become effective within thirty (30) days following its receipt in the university Payroll Office.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Several collective bargaining agreements require that authorization be sent to **both** the Payroll Office **and** the Union office via **U.S. mail**.

Submit completed form to both:

**Payroll Division**  
**Hannah Administration Building**  
**426 Auditorium Road Room 350**  
**East Lansing, MI 48824**

**AND**

**Applicable Union Office**  
Union addresses may be found online at  
<https://hr.msu.edu/contracts/union-addresses.html>

For Payroll Use Only: Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Effective: \_\_\_\_\_

This form must be sent to **both** the Payroll Office **and** the Union office via **U.S. mail**. Cards will not be accepted through email, fax, walk-in traffic, campus mail or any other method other than **U.S. mail**.

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<https://hr.msu.edu/contracts/union-addresses.html>