

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Western Michigan University (WMU) to deduct from my salary an amount for uniformly assessed dues/fees owed to the Western Michigan University Chapter of the American Association of University Professors (WMU-AAUP) as approved by the Chapter membership. The current amount is 0.8% (eight-tenths of a percent or less than 1%). I hereby waive any claim against either WMU or the WMU-AAUP because of said dues deductions from my salary. I reserve the right to revoke this authorization by submitting written notice of cancellation/revocation to WMU and the WMU-AAUP.

Address

Department name

City/Zip

WIN

Name (printed)

Phone number

Name (signature)
