

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)

If you are unable to sign the form electronically, please print it.
Then sign the form and send it through the campus mail to:
AAUP
mail stop 5401