

PLUMBERS AND PIPEFITTERS LOCAL 421

AUTHORIZATION FOR WORKING ASSESSMENTS

I hereby authorize the employer to whom I am referred and all other employers for whom I may be employer under the terms of a collective bargaining agreement with PLUMBERS AND PIPEFITTERS LOCAL 421 to deduct from my weekly wages in the manner and in the amounts prescribed by Local 421 the working assessments, fees and other assessments which I may be required to pay in accordance with the collective bargaining agreement. This authorization is voluntarily made in consideration of services and costs of representation, job referral services and collective bargaining and is not contingent upon my present or future membership in the Union. This Authorization shall be irrevocable for the term of the collective bargaining agreement between the Union and the Employer or for one year, whichever is lesser, and shall automatically renew for successive yearly or contract periods unless revoked by me, in writing. To the Union and Employer not more than fifteen(15) days nor less than ten(10) days prior to the termination of the collective bargaining agreement or the yearly anniversary of this Authorization.

Signing of the annual Referral form, will also give the Employer authorization to deduct my working assessments as described above.

Print Name: _____

Signature of Employee: _____

Date: _____