

Clerks and Checkers Local 1593

Check-Off Assignment and Authorization



First Name	Middle Name	Last Name
------------	-------------	-----------

PLEASE READ CAREFULLY

I hereby assign to the International Longshoremen's Association, AFL-CIO, and hereby authorize and direct my employer or employers, and the Jacksonville Maritime Association, Inc. to deduct from my wages and earnings, received by me by reason of my employment under the collective bargaining agreements with the ILA and/or its subordinate Clerks and Checkers Local 1593 as service fees, the sum of one (1%) percent (9/10 of 1% service fee and 1/10 of cope) per straight time base rate per hour for the ILA and South Atlantic and Gulf Coast District and five (5%) percent of my gross pay for Clerks and Checkers Local 1593.

This assignment and authorization shall be irrevocable for a period of five months from the effective date hereof or until the expiration of the present agreement between the Employers and the ILA, whichever is sooner, at which time it may be revoked by written notice given by me to the International Longshoremen's Association, AFL-CIO, Jacksonville Maritime Association, Inc., and the Clerks and Checkers Local 1593 at anytime during a period of ten days prior to the expiration of the five months period or the present agreement, whichever is sooner.

I have been given to understand that contributions or gifts to the above mentioned entities pursuant to this assignment, are NOT deductible from my taxes as charitable contributions. However, they may be tax deductible from my taxes as ordinary and necessary business deductions, if so provided by law.

Signature _____

Date _____

Social Security _____

FOR INTERNAL USE ONLY

FOR INTERNAL USE ONLY

BOARD MEMBER _____

DATE _____

COMMENTS _____
