AMERICAN TRAIN DISPATCHERS ASSOCIATION
4239 West 150th Street
Cleveland Ohio 44135
Phone 216-251-7984
Fax 216-251-8190

WAGE ASSIGNMENT AUTHORIZATION

I hereby assign to the AMERICAN TRAIN DISPATCHERS ASSOCAITION that part of my wages necessary to pay my union dues and initiation fees and/or assessments (not including fines and penalties) as reported to the Company by the authorized representative of the Organization in monthly statements, certified by him, as provided under the Deduction Agreement entered into by and between the Organization and the Company; and I hereby authorize the Company to deduct from my wages all such sums and to pay them to the Organization. This authorization may be revoked by the undersigned in writing after the expiration of one (1) year, or upon the termination date of the aforsaid Deduction Agreement, whichever occurs sooner.

First Name | MI | Last Name

Street Address

City | State | Zip Code

Soc. Sec. Number | RR. EMPLOYEE Number

EMPLOYER Select One

OFFICE

Craft Dispatcher

SIGNATURE _____

Please complete form, print, then fax or mail to the Secretary Treasurer