

PAYROLL NUMBER

SINGLE

FAMILY

**AUTHORIZATION TO DEDUCT
TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN CONTRIBUTIONS**

To W.M.A.T.A., its successors and assigns, Washington, D.C.

I hereby authorize and direct you to deduct on or before the last day of each month from my wages, salary earnings or other compensation, including but not limited to sick leave pay or vacation pay, such as premium, contributions, and assessments as the Trustees of the Transit Employees' Health and Welfare Plan ("Trustees") shall notify you are payable by me in accordance with provisions of the Agreement and Declaration of Trust providing the Trustees are empowered to receive the same, as long as no deductions are made from any workmen's compensation payments due me. The authorization shall be irrevocable for a period of one year from the date of execution hereof,, and shall be renewed automatically each year during the duration of any labor agreement between Local Division 689, A.T.U. and the W.M.A.T.A. unless I give the W.M.A.T.A. written notice of revocation, bearing my signature thereto, not less than thirty (30) days an not more than forty-five (45) days prior to any date upon which it becomes revocable. This authorization is made in accordance with the terms of the Agreement and Declaration of Trust between Local 689, Amalgamated Transit Union, AFL-CIO and W.M.A.T.A.

Date _____

Signature _____