REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OF ORGANIZATION DUES

(CIVIL SERVIC							E ANNUITY NUMBER)		
IAST STREET AND NUMBER					FIRST				
				сп	Y	STATE	STATE ZIP CODE +4		
DATE OF BIRTH:	MONTH	H DAY YEAR		DATE OF RETIR	DATE OF RETIREMENT:		DAY	YEAR	
		SECTION A	_ ATITH	IORIZATION BY	DELIBEE				
This authorization sh of cancellation in acc allotment authorizati Management harmle I also authorize the O Contributions or gifts However, they may b	ordance with its ag ion shall be a matte ss for any erroneou Office of Personnel I (including dues) to	reement with er between th is deductions Management the NRICA a	the One Asso to discrete	ffice of Personn ciation and my lose any inform tax deductible a	el Managem self and I hol aation necess as charitable	ent. Any disput d the Office of l ary to execute contributions.	tes regardir Personnel	ng this	
SIGNATURE OF RETIRED CARRIER D			DATE			PHONE			
		SECTION B - 1	FOR US	SE BY STATE ASS	OCIATION				
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION						LOCATION NO. STATE			
I hereby certify that the per mo.	retired dues of this	organization of	f the ab	ove named mem	ber are currer	ntly established a	nt		
SIGNATURE OF , State S				e Secretary	Secretary		REMIT NO.		
	Sì	ECTION C - FO	R USE	BY NATIONAL A	SSOCIATION		•		
			For Of	fice Use Only					
Date Received at NRI	CA:								

Be sure to include your CSA number.