NYSUT MEMBER BENEFITS TRUST PAYROLL DEDUCTION AUTHORIZATION

(Please Print):

_____

Member's Last Name First Name Middle Initial Member's Social Security No.

_____(_____)_____

Street Address City State Zip Home Telephone No.

Please check your union membership affiliation:

❒ *UFT* ❒ *UUP* ❒ *PSC/CUNY** ❒ *All other NYSUT Locals*

This authorization card cannot be used to authorize deductions for PSC-CUNY Welfare Fund Benefits.

The amount of deduction will be determined by the NYSUT Member Benefits Trust based on the programs chosen.

To the Employer:

I hereby authorize you to deduct from each of my salary checks the deduction necessary for the purpose of the NYSUT Member Benefits Trust. I understand that this authorization may be revoked at any time by written notice to you.

Signature of Employee_____ **Date**_____

NYSUT MEMBER BENEFITS TRUST - 800 Troy-Schenectady Road, Latham, NY 12110-2455 (13)