ATDA-PAC Authorization Card

This authorization is voluntarily made based on my specific understanding that:

The signing of this authorization card and the making of these voluntary contributions are not conditions of membership in the Union, not of employment by the employer: I may contribute any amount, and will not be favored or disadvantaged by the union doing so; I may refuse to contribute without reprisal.

Contributions or gifts to ATDA-PAC are not deductible as charitable contributions for federal income tax purposes.

I hereby authorize and direct the ATDA Secretary-Treasurer to have deducted monthly from my paycheck the sum of:

☐ **$15 Contributor** ☐ **$25 Advocate**
☐ **$50 President's Order** or ☐ $_____ monthly and transmit that amount to the ATDA-PAC. This authorization shall remain in effect until revoked in writing by me.

NAME _____

ADDRESS _____

CITY _____

EMPLOYER _____

SIGNATURE _____

DATE _____

Mail completed ATDA-PAC Authorization card to: ATDA-PAC 4239 W.150th St Cleveland, OH 44135