



CHECKOFF FORM

***Assignment & Authorization for Voluntary Payroll
Deduction of Dues, Assessments and Premiums for Association-
Sponsored Insurance***

TO: PSA, INC.

I, _____, hereby authorize and direct PSA, Inc., to deduct from my pay such monthly dues, premiums for Association supplementary insurance programs, periodic assessments by the Association, periodic assessments by the PSA MEC, and service charges as are now or may hereafter be established in accordance with the Constitution and By-Laws of the Association for remittance to the Air Line Pilots Association, International. I agree that this authorization will be irrevocable for one year from the date hereof or until termination of the check-off agreement between PSA, Inc., and the Association, whichever occurs sooner. If the check-off agreement is terminated, this authorization will be automatically terminated. In the absence of a termination of the check-off agreement, this authorization may be revoked effective as of any anniversary date of the signing hereof by written notice given by me to PSA, Inc., and the Association by registered mail, return receipt requested, during the ten days immediately preceding any such anniversary.

This form does not revoke an existing check-off form unless and until it has been duly executed by the employee.

ALPA Member Number _____

Street Address _____

City _____ State _____ Zip _____

Employee Number _____

Signature _____

Date _____

Please Return this Form to ALPA Membership Administration Department.

E-mail: Membership@alpa.org
Fax: 703-464-2115
Mail: Air Line Pilots Association, Int'l
c/o Membership Administration Department
7950 Jones Branch Drive Ste 400S
McLean, VA 22102

Disclosure Statement Required by Federal Tax Law

Dues, contributions, and gifts to ALPA are not tax deductible as charitable contributions.

However, they may be tax deductible as ordinary and necessary business expenses.

SAVE

PRINT

SUBMIT

CLEAR