



Authorization to Discontinue Union Dues Deductions

Employee Name: _____

Date: _____

G#: _____

Labor Organization: _____

I hereby authorize that Grand Valley State University discontinue my biweekly payroll deductions for Union Dues. I understand that this authorization will become effective the pay period following its receipt in the payroll office.

Employee Signature: _____

Date: _____

For Payroll Use Only:

Date: _____ Initials _____

Payroll Department
Grand Valley State University
1035 James H. Zumberge Hall
Allendale, MI 49401