Revised
NRLCA Form 1187-R
2016

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

(CIVIL SERVICE ANNUITY NUMBER)

LAST	FIRST	MIDDLE

STREET AND NUMBER	CITY	STATE	ZIP CODE +4

DATE OF BIRTH:	MONTH	DAY	YEAR	DATE OF RETIREMENT:	MONTH	DAY	YEAR

SECTION A - AUTHORIZATION BY RETIREE

The United States Office of Personnel Management is authorized to make an appropriate deduction from my annuity payments, not to exceed the amount certified by the National Rural Letter Carriers' Association as the amount of dues for which I am annually obligated, and to pay the deducted sum to the National Rural Letter Carriers' Association. This authorization shall also apply to any and all dues changes certified by the NATIONAL RURAL LETTER CARRIERS' ASSOCIATION.

This authorization shall be valid until the National Rural Letter Carriers' Association receives and processes my written notice of cancellation in accordance with its agreement with the Office of Personnel Management. Any disputes regarding this allotment authorization shall be a matter between the Association and myself and I hold the Office of Personnel Management harmless for any erroneous deductions.

I also authorize the Office of Personnel Management to disclose any information necessary to execute this request. Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

SIGNATURE OF RETIRED CARRIER	DATE	PHONE

SECTION B - FOR USE BY STATE ASSOCIATION

NATIONAL RURAL LETTER CARRIERS' ASSOCIATION		LOCATION NO.	STATE
			MN

I hereby certify that the retired dues of this organization of the above named member are currently established at
$ per mo.

SIGNATURE OF , State Secretary	DATE	REMIT NO.

SECTION C - FOR USE BY NATIONAL ASSOCIATION

For Office Use Only

Date Received at NRLCA:

Be sure to include your CSA number.

Send to: April Steidl
319 1st St
Miltona, MN 56354-4001