



# CHECK-OFF AUTHORIZATION



Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective immediately, the undersigned assigns to Theatrical Stage Employees, Local No. 4, I.A.T.S.E., four percent (4.0%) of all wages earned and to be earned by him as an employee, and authorizes and directs his employer to deduct such percentage from his wages and to remit same to the Union. This assignment shall be irrevocable for a period consisting of either one (1) year or until termination of this agreement whichever is sooner, and shall be automatically renewed, with the same irrevocability for successive like periods, unless terminated by the undersigned in writing not more than twenty(20) nor less than ten(10) days prior to the expiration of such periods.

Name: \_\_\_\_\_

Soc Sec No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address : \_\_\_\_\_

Phone No. : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male

Female

Married

Single

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

WHITE COPY - UNION

YELLOW COPY - EMPLOYEE

PINK COPY - EMPLOYEE



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