

**AUTHORIZATION FOR CHECK-OFF OF
UNION WORK REFERRAL FEES**

Date _____

I, the undersigned, working in the jurisdiction of IATSE, Local 720, hereby request and voluntarily authorize _____(EMPLOYER) to deduct from any wages or compensation due me each pay period, the regular Union work referral fees uniformly applicable to employees working in the jurisdiction of IATSE, Local 720, Las Vegas, Nevada.

This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice by registered mail to both the Employer and IATSE, Local 720, fifteen (15) days immediately succeeding any yearly period subsequent to the date of this authorization or subsequent to the date of termination of the applicable contract between the Employer and the Union, whichever occurs sooner, and shall be automatically renewed as an irrevocable check-off from year to year unless revoked as herein above provided.

Please sign:

Please print name:

Social Security Number:
