



WAGE DEDUCTION AUTHORIZATION
SL & ATLANTIC AND THE
BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES

SENIORITY DISTRICT: _____
EMPLOYEE #: _____
SOC. SEC. #: _____ (IRS Required)
DATE OF BIRTH: _____
DATE OF HIRE: _____

PLEASE PRINT CLEARLY:

| | | |
|----------------------|-------------------|----------------|
| Last Name | First Name | Middle Initial |
| _____ | | |
| HOME ADDRESS: _____ | | |
| _____ | | |
| Number & Street | Apartment # | |
| _____ | _____ | |
| City | State | Zip Code |
| _____ | _____ | _____ |
| Home Phone Number | Cell Phone Number | |
| _____ | _____ | |
| E-Mail Address _____ | | |

Director-Payroll Operations:

I hereby assign to the Brotherhood of Maintenance of Way Employees, that part of my wages necessary to pay periodic Fees (not including fines and penalties) as certified to the Company by the Organization as provided in the Deduction Agreement, entered into by the Company and the Organization on October, 1986 and authorize the Company to deduct such sum from my wages and pay it over to the Organization in accordance with the Deduction Agreement.

Signature: _____
Date: _____ Lodge Number: 32