

# AUTHORIZATION FOR ASSIGNMENT & CHECKOFF OF CONTRIBUTIONS TO UAW V-CAP

To: \_\_\_\_\_ I hereby assign to UAW V-CAP, from any wages earned or to be earned by me  
(Company name)

as your employee, the sum of (check one)  \$10.00  \$15.00  Other \_\_\_\_\_, each and every month. I hereby authorize and direct you to deduct such amounts from my pay or from payments made pursuant to the UAW-Ford Supplemental Unemployment Benefit Plan, and to remit same to UAW V-CAP at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This authorization is voluntarily made. I understand that the signing of this authorization and the making of payments to UAW V-CAP are not conditions of membership in the Union or of employment with the Company, that I have the right to refuse to sign this authorization and contribute to UAW V-CAP without any reprisal, that UAW V-CAP will use the money it receives to make political contributions and expenditures in connection with federal, state and local elections, and that monies contributed to UAW V-CAP constitute a voluntary contribution to a joint fund-raising effort by the UAW and AFL-CIO.

I also understand that the guidelines for contributions to UAW V-CAP set forth above are merely suggestions, that I can contribute more or less than the guidelines suggest, and that the Union will not favor or disadvantage me based on the amount of my contribution or my decision not to contribute.

Contributions or gifts to UAW V-CAP are not deductible as charitable contributions for federal tax purposes. All UAW members and spouses may be eligible for related raffle drawings, regardless of whether they make a contribution to UAW V-CAP.

**UAW V-CAP is an independent political committee created by the UAW. This committee does not ask for or accept authorization from any candidate and no candidate is responsible for its activities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



opeiu494afcio

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Region \_\_\_\_\_ Local \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Occupation \_\_\_\_\_

I would like to receive text alerts from the UAW. (Text messaging and/or data rates may apply.)

**Please return your card to the V-CAP volunteer at your worksite or your Local Union.**

