

DUES DEDUCTION AUTHORIZATION FORM

I authorize the South Dakota Board of Regents to deduct from my pay membership dues and uniform assessments, if any, established by the Council of Higher Education. The deduction will begin with the first full pay period after receipt of this authorization or _____ (date), whichever occurs later; provided it is received by the tenth day of the month in which authorization is authorized to begin. I authorize and direct the Board of Regents to pay over the sum deducted to COHE.

This authorization will continue until either 1) it is revoked by me by completion and submission of a dues deduction cancellation form [Appendix G], or 2) the cessation of my employment, or 3) the cessation of my inclusion in the bargaining unit. I agree to pay to COHE any outstanding balance of unpaid membership dues prior to August 31.

I hereby waive all rights and claims for said monies paid in accordance with this authorization.

Name _____

Social Security Number _____

Home Address _____

City/State/Zip _____

Department _____

Institution _____

Date _____

Signature _____

Date received _____