



CHECK-OFF AUTHORIZATION



Employer Name: _____

Address: _____

City: _____, State: _____, Zip: _____

Effective immediately, the undersigned assigns to Theatrical Stage Employees, Local No. 4, IATSE, 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. Furthermore, the undersigned authorizes and directs his employer to provide Local No.4, IATSE with any/all employee information they may request.

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

email: _____

Male Female

Soc Sec No: _____ - _____ - _____

Date of Birth: _____

Cell Phn: (_____) _____ - _____

Cell Carrier: _____

Married Single

Date Signed

WHITE COPY - UNION

YELLOW COPY - EMPLOYER

Signature

PINK COPY - EMPLOYEE