## Metro Community College Educators Union

## Payroll Deduction Authorization

Name:	MCC Emp. ID#:	
deduct from my post- College by the MCCl termination of my en which such revocatio	o Community College Educators Union (MCCEU) and authorize Metropolitan Community College to tax earnings each pay period the amount of dues established by the MCCEU and certified to the U President or designee. This authorization shall be ongoing and may be revoked only upon ployment or by written notice to the College at least two (2) weeks prior to the first pay date upon is to take effect. I authorize the amount deducted to be paid to the MCCEU Treasurer or designee. This authorization will be certified to the College by the MCCEU President or designee.	
I receive my salary o	er 12 months 9 months.	
Date	Educator Signature  Union Officer/Rep Signature	
	(Please Complete in Full)  Rev. May 11, 202	'4
Name:	Personal Email: Cell:	
Campus/Center	Title: Faculty Counselor Advisor Other	
For Faculty, Academ	c Program Area:	
	e represented by the Metropolitan Technical Community College Education Association (aka Metropoli Education Association) and wish to be represented by the Metro Community College Educators Union.	itan
Signature	Date	
Community College deduct membership d	CANCELLATION OF MCCEA MEMBERSHIP  embership with the Metropolitan Technical Community College Education Association (aka Metropolita ducation Association) and revoke any prior authorization for the Nebraska State Educators Association are from my financial account by electronic funds transfer. The signature below shall be effective as if May 30, 2024, canceling my membership effective September 1, 2024.	
Name	Signature	

Complete, sign and submit this form to any Union officer or representative, or directly to the Union President Marty Vaughan by campus mail or via email to presidentmcceu@gmail.com