



# ORGANIZATION OF STAFF ANALYSTS.

Dues Checkoff Authorization

220 East 23rd Street, Suite 707 New York, NY 10010

Name of Employee (print) \_\_\_\_\_ Pass No. \_\_\_\_\_

Agency \_\_\_\_\_ Bureau or Division \_\_\_\_\_

Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Subject to the terms and conditions set forth in Resolution adopted by the board of Transportation on the 10th day of June 1948, as supplemented by Resolution of New York City Transit Authority on the 9th day of November 1955.

I hereby authorize the New York City Transit Authority to deduct bi-weekly from my wages or salary the sum of .007 of gross and to pay over said sum to The Organization of Staff Analysts in payment of my dues for membership in said organization, on condition that said organization pay to the said employer such amount toward the cost and expense incurred by the said employer in connection with carrying out the plan authorized by said resolution as may be fixed and determined by the said employer.

This authorization shall terminate and cease three weeks after the New York City Transit Authority receives written notice from me revoking consent from the same.

\_\_\_\_\_  
Signature of Employee



\_\_\_\_\_  
Date

## Dear Analyst,

Please complete the reverse side of this card, sign and return in the enclosed return envelope.