

Together, let's advocate and win for working families.

Join PASER: Political Action by Service Employees and Retirees

MSEA-SEIU PASER Check-off Authorization Form

Name _____ Employer _____ Job Title _____
Home Address _____ City/Town _____ State _____ ZIP Code _____
Billing Address if using credit card _____ City/Town _____ State _____ ZIP Code _____
Personal email _____ Home Phone _____ Cell Phone _____

____ **Option 1: Credit card deduction:** By my signature below, I hereby authorize MSEA-SEIU Local 1989, as my agent, to charge my credit card for the contribution indicated below, and for said credit card to forward the amount specified to MSEA-SEIU for contribution to SEIU-COPE on a recurring monthly basis:

Type of credit card (Visa/MC) _____ Credit card #: _____ Expiration date (YYYY-MM): _____

____ **Option 2: Credit union or bank account deduction:** By my signature below, I hereby authorize and direct the Maine State Credit Union to transfer the amount checked below from my credit union or other bank account identified below to MSEA-SEIU for the purpose of MSEA-PASER and as a contribution to SEIU-COPE on a recurring monthly basis:

Name of bank or credit union: _____ account #: _____ (Please submit a voided check)

Bank or credit union's mailing address: _____

Amount of deduction: ____ \$30 per month ____ \$25 per month ____ \$20 per month ____ \$15 per month ____ \$10 per month Other: \$ ____ per month (minimum is \$10)

Debit entries will generally be initiated to the above account on the 1st day of the month. If the 1st is a weekend or holiday the transaction will occur on the following business day. I also authorize initiation, if necessary, of credit entries and adjustments for any debit entries in error to my account.

I agree that the Credit Union will not be responsible for any damages or losses resulting from incorrect instructions of information, which I have furnished, and I agree to hold the Credit Union harmless from and against any such claims for losses.

I understand that two (2) returns for any reason will result in cancellation of this origination agreement. Reinstatement will require a new agreement and will be contingent on approval of Maine State Credit Union.



By checking this box and signing below, I hereby authorize MSEA-SEIU Local 1989 to inform my employer that I have elected payroll deduction for my PASER contribution and for my employer to forward the amount specified from my paycheck to MSEA-SEIU for contribution to SEIU-COPE. If I currently have a monthly contribution through credit card, credit union, or bank deduction, that will be discontinued and replaced by the paycheck deduction, resulting in only one deduction per month in any month.



This authorization is voluntarily made based on my specific understanding that:

1. The signing of this form and the making of voluntary contributions are not conditions of my employment by my employer or membership in the union, and I understand that I may refuse to contribute without any reprisal;
2. Only union members and executive and administrative personnel, and their families, who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU-COPE;
3. The amounts above are merely suggestions, and I understand that I may contribute more or less by some other means without fear of favor or disadvantage from the union or my employer;
4. SEIU-COPE uses the money it receives for political purposes, including but not limited to making contributions and expenditures in connection with federal, state and local elections and addressing political issues of public importance;
5. Contributions to SEIU-COPE are not deductible for federal income tax purposes;

6. This authorization is to remain in full force and effect until the employer has received written notification of its termination. Such notification shall be presented to MSEA-SEIU and forwarded the employer.

Signature: _____ Effective Date: (YYYY-MM-DD) _____