

Request for Payroll Deductions  
for Association Dues

Privacy Act Statement

Section 5525 of Title 5, United States Code (Allotment and Assignment of Pay) permits Federal agencies to collect this information. This form is used to request that association dues be deducted from your pay and to notify the association of the deduction.

This record may be disclosed outside your agency to: (1) the Department of Treasury to make proper financial adjustments; (2) a Congressional office if you make an inquiry to that office related to this record; (3) a court or an appropriate Government agency if the Government is party to a legal suit; and (4) an organization which is designated as a collection agent of a particular association.

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it means that payroll deductions cannot be processed.

Section A — To Be Completed By Employee

1. Name of Employee (Last, First, Middle)	2. Social Security Number
3. Home Address (Street, City, State & ZIP Code)	4. Name of USDA Agency (Include Division/Branch)
<p>I hereby authorize the above named agency to deduct from my pay each pay period, the amount certified below as the regular dues of the (Name of Association) _____ and to remit such amount to that association in accordance with its arrangements with the U.S. Department of Agriculture. I further authorize any change in the amount to be deducted which is certified by the above named association as a uniform change in its dues structure. I agree that the agency shall be held harmless for this allotment and that any disputes regarding this allotment shall be a matter between me and the designated association.</p> <p>I understand that this authorization will become effective the pay period following its receipt in my personnel office. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Organization Dues, is available from my personnel office, and that I may cancel this authorization by filing SF 1188 or written memorandum with my personnel office. The voluntary cancellation will be processed in accordance with the agreement between the association and the U.S. Department of Agriculture.</p>	
Signature of Employee	Date (Month, Day, Year)

Section B — To Be Completed By Association

Name of Association (Also indicate association and local / chapter codes)	
<p>I hereby certify that the regular dues of this association for the above named member are currently established at \$ _____ per biweekly pay period.</p>	
Signature and Title of Authorized Official	Date (Month, Day, Year)

For Completion by Agency Only — The above named employee and association meet the requirements for dues withholding. (Mark the appropriate box. If "Yes," process the form. If "No," return the form to the association.)

YES	NO

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3. Home Address (Street, City, State & ZIP Code)	4. Name of USDA Agency (Include Division/Branch)
<p>I hereby authorize the above named agency to deduct from my pay each pay period, the amount certified below as the regular dues of the (Name of Association) _____ and to remit such amount to that association in accordance with its arrangements with the U.S. Department of Agriculture. I further authorize any change in the amount to be deducted which is certified by the above named association as a uniform change in its dues structure. I agree that the agency shall be held harmless for this allotment and that any disputes regarding this allotment shall be a matter between me and the designated association.</p> <p>I understand that this authorization will become effective the pay period following its receipt in my personnel office. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Organization Dues, is available from my personnel office, and that I may cancel this authorization by filing SF 1188 or written memorandum with my personnel office. The voluntary cancellation will be processed in accordance with the agreement between the association and the U.S. Department of Agriculture.</p>	
Signature of Employee	Date (Month, Day, Year)

Section B — To Be Completed By Association

Name of Association (Also indicate association and local / chapter codes)	
I hereby certify that the regular dues of this association for the above named member are currently established at \$ _____ per biweekly pay period.	
Signature and Title of Authorized Official	Date (Month, Day, Year)

For Completion by Agency Only — The above named employee and association meet the requirements for dues withholding. (Mark the appropriate box. If "Yes," process the form. If "No," return the form to the association.)

YES	NO

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3. Home Address (Street, City, State & ZIP Code)	4. Name of USDA Agency (Include Division/Branch)
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Signature of Employee	Date (Month, Day, Year)

Section B — To Be Completed By Association

Name of Association (Also indicate association and local / chapter codes)	
I hereby certify that the regular dues of this association for the above named member are currently established at \$ _____ per biweekly pay period.	
Signature and Title of Authorized Official	Date (Month, Day, Year)

For Completion by Agency Only — The above named employee and association meet the requirements for dues withholding. (Mark the appropriate box. If "Yes," process the form. If "No," return the form to the association.)

YES	NO