

# NYSUT MEMBER BENEFITS PAYROLL DEDUCTION AUTHORIZATION



**(Please Print):**

Member's Last Name                      First Name                      Middle Initial                      Member's Social Security No.

Street Address                      City                      State                      Zip                      Home Telephone No.

***Please check your union membership affiliation:***

UFT     UUP     PSC/CUNY\*     All other NYSUT Locals

***\*This authorization card cannot be used to authorize deductions for PSC-CUNY Welfare Fund Benefits.  
The amount of deduction will be determined by NYSUT Member Benefits based on the programs chosen.***

***To the Employer:*** I hereby authorize you to deduct from each of my salary checks the deduction necessary for the purpose of NYSUT Member Benefits. Depending on the program deductions are taken for, monies will be forwarded to either NYSUT Member Benefits Trust or NYSUT Member Benefits Corporation, which are entities under the NYSUT Member Benefits umbrella. I understand that this authorization may be revoked at any time by written notice to you.

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**NYSUT MEMBER BENEFITS - 800 Troy-Schenectady Road, Latham, NY 12110-2455**

