



Cancellation of Union Dues

Payroll Deduction Authorization Cancellation

3003 S. State St, G395 Wolverine Tower-Low Rise
Ann Arbor, MI 48109-1279
Phone (734)615-2000 Fax (734)647-3983

Please Print

NAME: _____ UMID: _____

**** If your union is not listed below please contact the union directly to request cancellation of dues**

UNION NAME: Check one

- _____ COAM (Command Officers Association of Michigan)
- _____ POAM (Police Officers Association of Michigan)
- _____ TRADES (University of Michigan Skilled Trades Union)
- _____ IUOE (International Union of Operating Engineers)
- _____ GEO (Graduate Employees Organization)
- _____ AFSCME (American Federation State, County and Municipal Employees)
- _____ HOA (House Officer Association)
- _____ LEO (Lecturers' Employee Organization)
- _____ UPAMM (United Physician Assistants of Michigan Medicine)
- _____ UMMAP (United Michigan Medicine Allied Professionals)

I no longer authorize the University of Michigan to deduct union dues from my earned wages.

NOTE: Payroll deductions shall terminate when a revocation has been delivered to the University Payroll Office at least thirty (30) calendar days prior to the last pay day of the calendar month.

Signature: _____

Date: _____