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Local #6379, an affiliate of New York State United Teachers, AFT, NEA

DIRECT PAYER AGREEMENT

Date: _____

I, _____, have elected to become a direct payer of dues to the Union of Adjunct Faculty at Pace. I understand that this requires me to submit a copy of my pay stub each pay period along with a check for 1.5% of the total. If I fail to do so, I may not be reappointed for the following semester.

Name (print) _____

Address _____

E-Mail _____

Signature _____ Date _____

Department _____ School _____

RETURN THIS FORM by mail to:

Treasurer
Union of Adjunct Faculty at Pace (UAFP)
139 Fulton Street – Suite 708
New York, NY 10038

Or scan & e-mail to: info@uafp.net