



HARFORD COUNTY GOVERNMENT
MARYLAND CLASSIFIED EMPLOYEES ASSOCIATION
COUNCIL 610



Union Dues Payroll Deduction Authorization Form

Employee Name: _____
(Last) (First) (M.I.)

Employee ID Number: _____ Department: _____

Work Location: _____

Home mailing address: _____

City: _____ State: _____ ZIP: _____

Non-work email address: _____
(Please print legibly. This email address will be used for all union business.)

Mobile #: _____ Alternate #: _____

I, _____, hereby authorize Harford County, Maryland to deduct from my gross earnings the following specified amount and forward it to Maryland Classified Employees Association.

☒ **New bi-weekly deduction**

Current dues amount: \$25.00

(Signature)

(Date)

Note: Deduction will begin on the next available pay period upon receipt of this form. Please keep a copy of this form for your records.



MCEA
Maryland Classified Employees Association

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facebook.com/MarylandClassifiedEmployeesAssociation
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