



HARFORD COUNTY GOVERNMENT
MARYLAND CLASSIFIED EMPLOYEES ASSOCIATION
CHAPTER 610



Union Dues Payroll Deduction Form

PLEASE PRINT AND USE BLACK INK ONLY

Employee Name: _____
(Last Name) (First Name) (Middle Initial)

Employee ID Number: _____

Dept. /Div. Name: _____

Mailing Address: _____
(Number) (Street) (City) (Zip)

Personal E-mail Address: _____

Cell No.: _____ Alt. Number: _____

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 Deduction (Bi-weekly) Current Dues Amount: \$25.00

I acknowledge that pursuant to Section 1.6 of the Memorandum of Agreement between MCEA and Harford County Government, this authorization may be revoked only by written request submitted to MCEA between June 15th and June 30th of the last year of the agreement.

Note: Deduction will begin on the next available pay-period upon receipt of this form.

Signature: _____ Date: _____

Please keep a copy of this form for your records. Revised 12/08/23