NAPS FORM 1187

Rev. January 2017

UNITED STATES POSTAL SERVICE AUTHORIZATION FOR DEDUCTION OF DUES

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PLEASE PRINT LEGIBLY	Converting from Direct Pa	y to Dues Withno	olaing	Ш					PLEAS	SEPKINI	LEGIBLY
(All information required)	EMPLOYEE INFORMATION										
EMPLOYEE'S NAME (Last, First, Initial)											
STREET	(Home Address Only – DO	NOT LISE WORK A	DDDESS	<u> </u>							
	(Home Address Only – DO	NOT USE WORK A	DDNLSS	"							
СІТУ		STATE	ZIF	P+4							
SOCIAL SECURITY NUMBER (Required)						(Rec	uired)				
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USPS EMPLOYEE ID NUMBER (Required)						FINA	NCE NUI	MBER AS I	ISTED ON	N PAY STUB	
NON-GOVERNMENT EMAIL (Optional)		HOME P	HONE (C	Optional)							
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I hereby authorize the United States Posta Association of Postal Supervisors (NAPS), such amounts to that organization in accorda NAPS as a uniform change in its dues structured I understand that this authorization will be 27497-0400 or following pay period. I further Form 1188, Cancellation of Organization such a revocation form with the USPS Heroms page. Such revocation will not be whichever date first occurs after the PS Withholding guidelines.) Additional information bues to the National Association of Post necessary business expenses.	which includes a yearly subscription ince with its arrangements with USPS are. ecome effective the pay period receivable understand that my dues may Dues from Payroll Withholdings, IRSSC, PO Box 970400, Greensbee effective however until the first 5 Form 1188 is received in the Hanation may be obtained by calling I	for The Postal S. I further authors by the HR S y only be cancel and that I may pro, NC 27497-6 full pay perior (RSSC. (See El HRSSC at 1-877-1)	Superviorize ar chared led eith revok 0400. I d follo LM Se 1-477-3	isor mag ny chang Service her by s te this a PS Form owing M ection 9	gazine as e in the acceptance (I separation 1188 in 1188 in 1187 for fon 5.	HRSSC on fron ation a s avail	of the note to be C), PO m the t any the able of planate	Box 97 USPS time by n the log 1st of ion of	ship du ed which 70400, or by the y filing USPS 1 of any Cance	Greensb using U the ori Intranet calenda	to remit ified by oro, NC SPS PS ginal of on the ur year, of Dues
SIGNATURE OF EMPLOYEE, POST O						_ _				DATI	_
S NATIONAL ASSOCIATION	OF POSTAL SUPERVISOR	S		E	RANCH	NUM	BER _				
I hereby certify that the regular dues of	-									per pa	y period
SIGNATURE AND TITLE OF BRAI		9							- —	DAT	
										DAI	E
NAPS SPONSOR (If applicable – all information	tion required) PLEASE PRINT LE	GIBLY									

_____ STATE _____ ZIP+4 ____ ORIGINAL - SEND TO NAPS HEADQUARTERS, 1727 King St, STE 400, Alexandria, VA 22314-2753

 SPONSOR'S NAME
 BRANCH #