

**APPENDIX K**

**AGENCY SERVICE FEE DEDUCTION AUTHORIZATION**

To the Board of Higher Education:

I hereby authorize and direct the Board of Higher Education, through its officers, agents and employees, to deduct from the portion of my salary due me each month the amount certified by the Massachusetts Teachers Association/NEA as the current rate of agency service fee. Such deduction is to start immediately after the date of this authorization.

I further authorize and direct you to transfer and pay the sum so deducted to the Treasurer of the Massachusetts Teachers Association/NEA or his or her designee.

In consideration of the above described service rendered by the Board of Higher Education, its members, officers, agents and employees, the undersigned hereby releases and discharges the Board of Higher Education, its members, agents and employees, of and from any and all liability whatsoever arising as a result of the authorization herein given.

This authorization is revocable by me, upon sixty (60) days' written notice, to the Massachusetts Teachers Association/NEA or its designee and the Board of Higher Education, and the revocation will become effective on the sixtieth (60th) day, or upon termination of my employment. It is understood that this service shall be limited to a deduction for one employee organization for any individual employee, and that no partial deduction will be made.

\_\_\_\_\_  
Employee Signature

PLEASE PRINT:

Date of Notice: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Current Salary: \_\_\_\_\_

Current Credit Load: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

This form is null and void for any member of the Association.