

UNITED STATES POSTAL SERVICE
AUTHORIZATION FOR DEDUCTION OF DUES

PLEASE PRINT LEGIBLY

Converting from Direct Pay to Dues Withholding []

PLEASE PRINT LEGIBLY

(All information required)

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (Last, First, Initial) _____

STREET _____
(Home Address Only - DO NOT USE WORK ADDRESS)

CITY _____ STATE _____ ZIP+4 _____

Grid for Social Security Number with dashes in the 4th and 7th positions.

SOCIAL SECURITY NUMBER (Required)

(Required)

Grid for USPS Employee ID Number and Finance Number.

USPS EMPLOYEE ID NUMBER (Required)

FINANCE NUMBER AS LISTED ON PAY STUB

NON-GOVERNMENT EMAIL (Optional)

HOME PHONE (Optional)

Text box for Non-Government Email ending with @

Grid for Home Phone number.

I hereby authorize the United States Postal Service (USPS) to deduct from my pay each pay period the amount certified below as the regular dues of the National Association of Postal Supervisors (NAPS), which includes a yearly subscription for The Postal Supervisor magazine as part of the membership dues, and to remit such amounts to that organization in accordance with its arrangements with USPS. I further authorize any change in the amount to be deducted which is certified by NAPS as a uniform change in its dues structure.

I understand that this authorization will become effective the pay period received by the HR Shared Service Center (HRSSC), PO Box 970400, Greensboro, NC 27497-0400 or following pay period. I further understand that my dues may only be canceled either by separation from the USPS or by using USPS PS Form 1188, Cancellation of Organization Dues from Payroll Withholdings, and that I may revoke this authorization at any time by filing the original of such a revocation form with the USPS HRSSC, PO Box 970400, Greensboro, NC 27497-0400. PS Form 1188 is available on the USPS Intranet on the Forms page. Such revocation will not be effective however until the first full pay period following March 1st or September 1st of any calendar year, whichever date first occurs after the PS Form 1188 is received in the HRSSC. (See ELM Section 925 for full explanation of Cancellation of Dues Withholding guidelines.) Additional information may be obtained by calling HRSSC at 1-877-477-3273 option 5.

Dues to the National Association of Postal Supervisors are not deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

SIGNATURE OF EMPLOYEE, POST OFFICE TITLE AND LEVEL

DATE

NATIONAL ASSOCIATION OF POSTAL SUPERVISORS BRANCH NUMBER or STATE _____

I hereby certify that the regular dues of this organization for the above named member are currently established at \$_____. per pay period.

SIGNATURE AND TITLE OF BRANCH OFFICER (required) Title _____

DATE

NAPS SPONSOR (If applicable - all information required) PLEASE PRINT LEGIBLY

SPONSOR'S NAME _____ BRANCH # _____

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

ORIGINAL AND ONE COPY - SEND TO NAPS HEADQUARTERS, 1727 King St, STE 400, Alexandria, VA 22314-2753

RETAIN ONE COPY FOR BRANCH RECORDS
GIVE ONE COPY TO EMPLOYEE

Instructions

Revised April 2011

Form 1187 Authorization for Deduction of Dues

Have prospective member complete the top section of the Form 1187. It is critical that the following information be provided and that all sections of the form are completed legibly.

The new member should completely fill in the top 2/3 section of the 1187 form:

- Full name of employee: last, first and middle initial
- Home address, (not office address) for receipt of *The Postal Supervisor* magazine
- Social Security number (SSN)
- Employee identification number (EIN)
- Finance number as listed on pay stub
- E-mail address and home telephone number
- **The new member must sign and date the form**

The next section should be completed by the branch officer:

- Branch number where new member will be affiliated
- Amount of affiliated branch dues to be deducted each pay period
- Sign where indicated and enter branch title and date

The final section should be completed by the sponsor (recruiter), if there is one. If the recruiter wishes to receive a sponsor's gift:

- Sponsor's name, home mailing address
- Branch # of Recruiter (sponsor)

The new routing information for the Form 1187 is as follows:

- Original *and* one copy to NAPS Headquarters

NAPS Headquarters
1727 King Street, STE 400
Alexandria, VA 22314-2753

- One copy to be retained in the branch records
- One copy to be given to new member

Plases destroy any prior versions of Form 1187 that do not have a place to enter both the new member's Social Security number and the EIN.