Please send the completed form to Carse Ramos (Sociology) or Vince Bohlinger (Film Studies).

Voluntary COPE Deduction Authorization

Rhode Island College Chapter of the American Federation of Teachers Local 1819

Authorization Date: ____/_____/_____

<---leave blank, HR will complete.

Account Number: _____

Social Security Number: _____

Agency Name: _____Rhode Island College_____

Name: First _____ M.I. _____ Last _____

Street: _____

City:_____ State:_____

Zip Code:_____

Deduction Amount (per payperiod): ☐ $3.00 ☐ $5.00 ☐ $10.00 $_____Other

I hereby authorize the State of Rhode Island to deduct each pay period the amount certified above as a voluntary contribution to be direct deposited to the American Federation of Teachers 1819 AFT COPE's checking account at the Rhode Island Credit Union (account name 'American Federation of Teachers'). My contribution is voluntary and I understand that it is not required as a condition of membership in any organization or as a condition of continued employment and that I may revoke this authorization at any time giving written notice.

Signed: _____