

WAGE ASSIGNMENT REVOCATION

Effective _____, I hereby revoke Wage Assignment Authorization now in effect assigning to the **BROTHERHOOD OF LOCOMOTIVE ENGINEERS** and **TRAINMEN** that part of my wages necessary to pay my monthly dues, assessments, initiation fees and insurance premiums, now being withheld pursuant to the Deduction Agreement between the Brotherhood and the Company, and I hereby cancel the authorization now in effect authorizing the Company to deduct such monthly union dues, assessments, initiation and insurance premiums from my wages.

NAME _____ Employee Identification No. _____
Last First Middle Initial

HOME ADDRESS _____ Railroad _____
Street

_____ Occupation _____
City State Zip

_____ *Signature* _____ *Date*

_____ *Local No.* _____ *Social Security Number*

