Instructions
Form 1187 Authorization for Deduction of Dues

Have prospective member complete the top section, including full mailing address, then sign and date the form. (Be sure post office title and level are listed).

Sponsor must complete the bottom section of the form to receive a savings bond. Bonds are not ordered until the new member appears on the dues withholding printouts. This will take one to two months, depending on when the original copy of the form is submitted to the local Human Resources office. NAPS Headquarters receives and processes the printouts the month after the withholdings are made.

Have a branch officer complete the center section, sign and date the form.

Distribute copies as follows:
1. Original to local Human Resources office, USPS (to begin dues withholdings).
2. Copy to NAPS Headquarters (to begin receiving The Postal Supervisor and have sponsor recorded).
3. Copy to branch records.
UNITED STATES POSTAL SERVICE
AUTHORIZATION FOR DEDUCTION OF DUES

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE (Print, Last Name, First, Middle)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS (Street and Number)</th>
<th>(City and State)</th>
<th>(ZIP + 4)</th>
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POSTAL INSTALLATION

(City) (State) Installation Finance Number

S NATIONAL ASSOCIATION OF POSTAL SUPERVISORS

BRANCH NUMBER OR STATE

REMOTE LOCAL S-

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

DATE

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

I understand that this authorization will become effective the first pay period following its receipt in the Postal Data Center. I further understand that revocation forms, Standard Form No. 1188, Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues, are available from my employing agency and that I may revoke this authorization at any time by filing such a revocation form or other written revocation request with the payroll office of my employing agency. 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 revocation is received in the payroll office.

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

ORIGINAL—SEND TO LOCAL HUMAN RESOURCES OFFICE, USPS

YELLOW COPY—SEND TO N.A.P.S. HEADQUARTERS

PINK COPY—RETAIN FOR BRANCH RECORDS

BRANCH SECRETARY: CHECK ONE

NEW MEMBER

CONVERTING FROM DIRECT PAY TO DUES WITHHOLDING

FOR NAPS LOCAL BRANCH USE:

SPONSOR'S NAME

SOC. SEC. NO.

ADDRESS