



# NATIONAL D.R.I.V.E.

## DEDUCTION WITHDRAWAL FORM

I, \_\_\_\_\_, request D.R.I.V.E and  
(Please Print)  
my employer, \_\_\_\_\_, stop all weekly voluntary salary  
deductions to National D.R.I.V.E. from my earnings.

I understand that upon receipt of this form, D.R.I.V.E will remove my name from its contributor list and notify my employer of this request. I further understand that this process can take four to six weeks and that during this interim period, further deductions might be made by my employer.

It is also understood that this completed form must be submitted **directly to my local union's principal officer** in order that it be forwarded to National D.R.I.V.E.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Street Address (Please Print)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Local Union

\_\_\_\_\_  
Employer Payroll Dept. Fax Phone #

\_\_\_\_\_  
Signature: Local Union Principal Officer

LOCAL UNION PLEASE FORWARD TO:

**National D.R.I.V.E.**  
**Attn: Withdrawals**  
**25 Louisiana Avenue, N.W.**  
**Washington, D.C. 20001**

GcM[12/96]

