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Local #6379, an affiliate of New York State United Teachers, AFT, NEA

## DIRECT PAYER AGREEMENT

Date: \_\_\_\_\_

I, \_\_\_\_\_, have elected to become a direct payer of dues to the Union of Adjunct Faculty at Pace. I understand that this requires me to submit a copy of my pay stub each pay period along with a check for 1.5% of the total. If I fail to do so, I may not be reappointed for the following semester.

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ School \_\_\_\_\_

**RETURN THIS FORM by mail to:**

Treasurer  
Union of Adjunct Faculty at Pace (UAF)  
139 Fulton Street – Suite 708  
New York, NY 10038

**Or FAX to: 1-800-785-1448**

**Or scan & e-mail to: [nlewis@uafponline.org](mailto:nlewis@uafponline.org)**