



FORM 1187-R

Request and Authorization for Voluntary Allotment of Compensation for Payment of Employee Organization Dues

Please complete and mail to:

UPMA National Office
8 Herbert St.
Alexandria, VA 22305-2600
(703) 683-9027

***OPM assigns the CSA number to all Civil Service and FERS annuitants and/or surviving spouse**

Social Security Number

My Annuity Number is:

			-										
--	--	--	---	--	--	--	--	--	--	--	--	--	--

CSA

			-										
--	--	--	---	--	--	--	--	--	--	--	--	--	--

Name of Retired Employee (PRINT Last Name, First, Middle)				Date of Birth					
Street and Number/PO Box			City			State		ZIP+4	
Month/Year Retired		Home or Cell Number ()		Gender Male_____ Female_____		Chapter			
Email Address					Sponsored by:				

Note: If not receiving an annuity contact National Office for information on membership.

SECTION A – Authorization

The United States Office of Personnel Management is authorized to make an appropriate deduction from my annuity payments, not to exceed the amount certified by the **United Postmasters and Managers of America (UPMA)** as the amount of dues for which I am obligated, and to pay the deducted sum to **UPMA**. This authorization shall apply to any and all dues changes certified by **UPMA**. This authorization shall be valid until **UPMA** receives and processes my written notice of cancellation in accordance with its agreement with the United States Office of Personnel Management. Any disputes regarding this allotment authorization shall be a matter between **UPMA** and me; I hold the United States Office of Personnel Management harmless for any erroneous deductions made pursuant to this authorization.

I also request the United States Office of Personnel Management to disclose any information necessary to execute this request.

Signature	Date:
------------------	--------------