



# 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:**

|  |  |  |   |  |  |   |  |  |  |  |  |  |
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**CSA**

|  |  |                                       |             |  |  |                |  |              |  |
|--|--|---------------------------------------|-------------|--|--|----------------|--|--------------|--|
| <b>Name of Retired Employee (PRINT Last Name, First, Middle)</b> |  |                                       |             | <b>Date of Birth</b>                     |  |                |  |              |  |
| <b>Street and Number/PO Box</b>                                  |  |                                       | <b>City</b> |  |  | <b>State</b>   |  | <b>ZIP+4</b> |  |
| <b>Month/Year Retired</b>  |  | <b>Home or Cell Number</b><br>(     ) |             | <b>Gender</b><br>Male _____ Female _____ |  | <b>Chapter</b> |  |              |  |
| <b>Email Address</b>   |  |                                       |             | <b>Sponsored by:</b>                     |  |                |  |              |  |

**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.

|                  |              |
|------------------|--------------|
| <b>Signature</b> | <b>Date:</b> |
|------------------|--------------|