

Authorization Agreement American Federation of Musicians Deduction/Cancellation

| I hereby authorize The Hartford Symphony Orchestra to deduct 2.75% from my | |
|--|--------------------------|
| paycheck each pay period beginning | (date) until I authorize |
| the cancellation of this deduction. | |
| This is to pay for my AFM Union Dues | |
| Facelore Oliverton | Dut |
| Employee Signature | Date |
| Printed Employee Name | |
| Date of Birth (required) | |