



Revocation of Association Dues Deduction
(Not a Membership Cancellation Form)

I wish to stop the automatic payroll deductions of my CTA membership dues from my paychecks with OCPS.

I acknowledge that this is not a cancellation of my CTA Membership.

By completing this form, I am agreeing to pay my membership dues directly to CTA, via ACH, for as long as my membership is active.

Print Name: _____

Employee ID: _____

School Worksite: _____

Job Classification: _____

Personal Email: _____

Signature: _____

Date: _____