



American Postal Workers Union, AFL-CIO
1300 L Street, N.W., Washington, D.C. 20005
202-842-4211 • www.apwu.org/copa

STEP 1: PLEASE SELECT ONE OF THE FOUR METHODS

PAYROLL DEDUCTION - ACTIVE MEMBERS

RECURRING COPAMATIC DEDUCTION

I authorize a payroll deduction to COPA in the amount of: \$5 _____ \$10 _____ Other: \$ _____ per pay period.

**This contribution method is for members who receive a postal paycheck. These contributions will appear on a line identified as VBP on your paycheck. You can adjust or cancel your contribution at any time by contacting APWU at (202) 842-4211.*

OPM ANNUITY - RETIREES

RECURRING COPAMATIC DEDUCTION

The COPA Fund will automatically deduct the amount you choose to contribute from your monthly postal pension check. I hereby authorize the Office of Personnel Management (OPM) to begin or increase deductions from my annuity in the sum of:

\$5 _____ \$10 _____ Other: \$ _____ per month

and forward that amount to the American Postal Workers Union, Committee on Political Action (COPA). I make this authorization voluntarily and may revoke it at any time by notifying the APWU COPA Committee in writing.

CSA #:

(Civil Service Annuity number issued by OPM)

ELECTRONIC FUND TRANSFER - ACTIVE MEMBERS & RETIREES

RECURRING COPAMATIC DEDUCTION

The COPA Fund will automatically deduct the amount you choose to contribute, with no fee to you. I hereby authorize my bank to deduct from my checking account the sum of:

\$5 _____ \$10 _____ Other: \$ _____ biweekly

and forward that amount to the American Postal Workers Union, Committee on Political Action (COPA). I make this authorization voluntarily and may revoke it at any time by notifying the APWU COPA Committee in writing. Bank Routing Number: _____ and Account Number: _____.

COPA BY CHECK - ACTIVE MEMBERS & RETIREES

ONE-TIME DONATION

My check in the amount of \$ _____ is enclosed.

(Make your check payable to APWU COPA and enclose it with this form.)

STEP 2

YES! I WANT TO MAKE A DIFFERENCE.

Name _____
Last First MI

Employee ID # or Retiree Member ID # (on Membership Card) _____

Signature _____ Local/Chapter _____

E-mail _____ Phone _____ - _____ - _____

Please use the return envelope enclosed to mail your completed form to APWU Headquarters

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