



**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 mail your completed form to APWU Headquarters at 1300 L St, NW, Washington, DC 20005**

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