

DUES DEDUCTON AUTHORIZATION FORM
WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION
4726 PACIFIC AVE SE, LACEY WA 98503-1216

Please print

Name _____ Phone (____) _____
(LAST) (FIRST) (MIDDLE)

Mailing Address _____
CITY ZIP +4

SS Number _____ - _____ - _____ Home/Personal Email Address _____

Retirement Plan (CIRCLE) TRS1 TRS2 TRS3 PERS1 PERS2 SERS2 SERS3

Name of WSSRA Unit _____ Leg Dist. _____ Cong Dist. _____

I authorize the Washington State Department of Retirement Systems to deduct the following dues and any future increases as voted by the membership, from my monthly retirement allowance and to pay such deduction to the Washington State School Retirees' Association.

Should I wish to cancel ensuing deductions I will send a written notification of cancellation to Washington State Department of Retirement Systems and WSSRA.

DUES: State \$5 + Local \$2 = Total of \$7 per month

Date _____ Signature _____

White Copy – WSSRA

Yellow Copy – Retained by member