

AUTOMATIC PAYROLL AUTHORIZATION FORM
WASHINGTON STATE SCHOOL RETIREES ASSOCIATION

4726 Pacific Ave. S.E., Lacey, WA 98503-1216

Please Print or Type

Name _____
(LAST) (FIRST) (MIDDLE)

Address _____
(STREET) (APT.)

(CITY) (STATE) (ZIP+FOUR)

Retirement Plan: (CIRCLE ONE) TRS 1 2 3 PERS 1 2 SERS 2 3

Phone _____ S.S. Number - -

Name & Local Unit No. _____ Leg. Dist. _____ Cong. Dist. _____

I authorize School Dist.# _____ (name) _____ and upon my retirement, the Washington State Department of Retirement Systems to deduct the following dues and any future increases as voted by the membership from my monthly paycheck, or WSDRS benefit check, and to pay such deduction to Washington State School Retirees Association.

DUES: State _____ Local _____ Total _____ per month

Date _____ Signature _____

Blue: Return to WSSRA

Canary: Local Unit Copy

Pink: School District, Please Retain