

#31

AUTOMATIC PAYROLL 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 Walla Walla Columbia #31 Leg Dist. _____ Cong Dist. _____

I authorize School Dist. # _____ (district 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 \$5 + Local \$2 = Total of \$7 per month

Date _____ Signature _____
Green Copy - Return to WSSRA Yellow Copy - School District