

# Washington State Patrol Memorial Foundation Payroll Deduction Authorization

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Name

XXX - XX -

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Social Security Number

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Work Phone

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District

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Detachment/Section

By my signature, I hereby authorize a monthly deduction of \$ \_\_\_\_\_ beginning with my warrant for the month of \_\_\_\_\_ 2012, to be forwarded to the account of the Washington State Patrol Memorial Foundation until canceled or superseded in writing by me.

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Date

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Signature

*(Please forward form to the payroll office)*