

Washington State Patrol Memorial Foundation Payroll Deduction Authorization

_____ Name	_____ Retirement #
_____ Social Security Number	_____ Work Phone
_____ District	_____ Detachment/Section

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and year of _____, to be forwarded to the account of the Washington State Patrol Memorial Foundation until canceled or superseded in writing by me.

Date

Signature

(Please forward form to the payroll office)