

Washington State Patrol Memorial Foundation
Payroll Deduction Authorization
VENDOR: 1452

Name
RETIRED – WA STATE PATROL

Personnel ID Number
Last 4 digits of Social Security No.

Effective Date

By my signature, I hereby authorize a monthly deduction of \$_____ beginning as indicated above to be forwarded to the account of the Washington State Patrol Memorial Foundation until canceled or superseded in writing by me.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 WSP Memorial Foundation at: wspmemorialfoundation@gmail.com