

Washington State Patrol Memorial Foundation Payroll Deduction Authorization

Name

Personnel ID Number
(Same as for TARS)

District & Detachment/Section

Month Date (10th or 25th) Year
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as indicated above to be forwarded to the account of the Washington State Patrol Memorial Foundation until canceled or superseded in writing by me.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 payroll office: email: payroll@wsp.wa.gov