

EVENT \_\_\_\_\_

NEW MEMBER [ ] INCREASE [ ]

**AUTHORIZATION FOR PAYROLL DEDUCTION**

**WSDOT MEMORIAL FOUNDATION MONTHLY DUES**

I hereby authorize a payroll deduction to be made from my salary as specified below:

NAME (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

RATE PER PAY PERIOD: \$5.00

OTHER Amount: \$ \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_

AGENCY: 405 (WSDOT)

Other Agency Number: \_\_\_\_\_

**NOTE: EFFECTIVE START DATE WILL BE NEXT PAY CYCLE AFTER PAYROLL OFFICE RECEIPT OF THIS FORM.**

WASHINGTON STATE EMPLOYEES CREDIT UNION ACCOUNT NO: 5787210

WAGE TYPE: 2757

**LIMITED TIME OFFER. GOOD WHILE SUPPLIES LAST. CHOOSE ONE ITEM.**

SIZE (circle one): S M L XL XXL XXXL **ISSUED or TO BE MAILED (circle one)**

**Hoody:** Camo / GRN / ORG / ZIP / QTR / Jacket (circle one)

**Fleece Vest:** Male/ Female (circle one)

**Polo:** GRN/ORG (circle one)

**Puffy Vest:** Male/ Female (circle one)

**No-Iron Gray Shirt:** Male/ Female (circle one)

**Cap:** ORG / GRN/ BLK / Desert Camo/ Reg Camo/ Real Tree Camo (circle one)

**Blanket:** WHT / BLK / GRY / BUF (circle)

**Misc:** Onesie /Traffic Cone / MF pin / Ribbon pin / Mug / Book (circle)

**SIGN & MAIL COMPLETED FORM TO:**

**WSDOTMF  
120 State Avenue NE #303  
OLYMPIA WA 98501**

WSDOTMF form 034 25 June 2012 Rev 5 Aug 2019

To P/R:

On P/R:

Letter:

Mailed:

Other: