**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: