

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): _____

(Signature) (Date)

RATE PER PAY PERIOD: \$5.00 OTHER: \$ _____

EMPLOYEE ID # _____

AGENCY: 405

EFFECTIVE START DATE WILL BE NEXT PAY CYCLE AFTER PAYROLL
OFFICE'S RECEIPT OF FORM.

WASHINGTON STATE EMPLOYEES CREDIT UNION ACCOUNT NO: 5787210
WAGE TYPE: 2757.