

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)**

T-shirt: ANSI 3-T/ Brite Lime/ Org (circle one) Hoody : Camo / GRN / ORG / ZIP / Neon (circle one)

Vest: Male/ Female (circle style) Polo: GRN/ORG (circle one)

Cap: (color) _____ Book: _____ Other: _____

SIGN & MAIL COMPLETED FORM TO: WSDOTMF
120 State Avenue NE #303
OLYMPIA WA 98501