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 **Full Zip:** Black/Camo **T Shirt:** Learn The Signs **1/4 Zip:** Green/Camo

Fleece Vest: Male/ Female (circle one) **Polo:** Slick Green with Embroidery

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

Cap: ORG / GRN/ BLK / Real Tree Camo / Gray&Lime Green (circle one)

Blanket: WHT / BLK / GRY / BUF (circle one) **Misc:** MF pin / Ribbon pin / Book (circle one)

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

WSDOTMF form 034 25 June 2012 Rev 7/2025

To P/R: On P/R: Letter: Mailed: Other: