Michael Duchemin, mike@rffow.org Cell: (360) 710-9375 637 NE Haugen Street, Poulsbo, WA 98370 PRESIDENT: Michael Duchemin VICE PRESIDENT: Dave Neyens

## RFFOW PENSION DEDUCTION APPLICATION

## I am a current member who wants to pay dues via pension deduction

Spouse:					
Address:					
Phone (Home):		Phone (0	Cell):		
Email Address:					
How would you like to receive your newsletters? (Circle one):			USPS	Email	Both
Retired From (City, Position, D	Date Retired):				
Pension Plan (Circle one):	LEOFF I	LEOFF II	PRIOR ACT		
Preferred payment method for	annual dues:	Auto-Deducti	on		
<ul> <li>Pension deduction</li> <li>At my own risk, I authorize DRS t payment deduction at my request the organization and me.</li> </ul>	o regularly deduc	t a sufficient amou	int from my retire	ment allowanc	
Initials:	Last 4	Digits of Social Se	curity Number: _		
, ,		S, asking for my de ated.	eductions to end;		
Signature:				Date:	

Once you have completed this form, please sign and mail it, to RFFOW, 637 NE Haugen Street, Poulsbo, WA 98370