

# Washington State Patrol Memorial Foundation Payroll Deduction Authorization

\_\_\_\_\_  
Name

\_\_\_\_\_  
Personnel ID Number  
(Same as for TARS)

\_\_\_\_\_  
District & Detachment/Section

\_\_\_\_\_  
Month Date (10th or 25<sup>th</sup>) Year  
*Effective Date*

By my signature, I hereby authorize a monthly deduction of \$\_\_\_\_\_ beginning as indicated above to be forwarded to the account of the Washington State Patrol Memorial Foundation until canceled or superseded in writing by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please forward form to the payroll office.