

Washington State Patrol Memorial Foundation  
Payroll Deduction Authorization  
VENDOR: 1452

\_\_\_\_\_  
Name

RETIRED - WA STATE PATROL

\_\_\_\_\_  
Personnel ID Number

Last 4 Digits of Social Security No.

\_\_\_\_\_

\_\_\_\_\_

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as indicated above to be forwarded to the account of the Washington State Patrol Memorial Foundation until canceled or superseded in writing by me.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 WSP Memorial Foundation email: [sharon@wspmf.org](mailto:sharon@wspmf.org)