



**LEOFF 1
COALITION**



Exclusive Representative of LEOFF 1 Retired Law Enforcement Officers & Fire Fighters of Washington

LEOFF 1 Coaliton Membership, DRS Payroll Deduction Form

DRS Payroll Deduction Authorization Form: I am a retired LEOFF Plan 1 member, or beneficiary.
I want DRS to begin deducting \$5.00 per month from my pension check.

Name: _____
(First Name) (Middle Name) (Last Name)

Spouse: _____
(First Name) (Middle Name) (Last Name)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Retired From: _____
(Agency) (Position) (Date Retired)

Pension Plan (circle one): LEOFF 1 PRIOR ACT BENEFICIARY

Payment Method for monthly dues: Auto-Deduction – Payroll deduction - \$5 per month.

DUES PAYMENT: The only option for deduction is a \$5 deduction from your pension check each month.

At my own risk, I authorize DRS to regularly deduct \$5 per month from my retirement allowance to pay LEOFF 1 Coalition membership dues. I hold DRS harmless for any problems the payment causes to occur between the organization and me. I will contact the LEOFF 1 Coalition directly to address any issues that arise concerning this deduction.

Authorization Date (dd/mm/yyyy): _____ DRS Vendor ID #3519 LEOFF 1 Coalition

Your Initials: _____ Last 4 Digits of Social Security Number: _____

Deductions will continue until:

- (1) I write to the LEOFF 1 Coalition and DRS, asking for my deductions to end;
- (2) The deduction plan is terminated.

Signature: _____ Date: _____

Thank you for your membership dues to the LEOFF 1 Coalition.

Mail to:
LEOFF 1 Coalition
407 West Bay Dr NW
Olympia, WA 98502

Questions:
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