

SDCERS PAYROLL DEDUCTION AUTHORIZATION

You need to complete this authorization for **Retired Fire & Police Association** Membership if:

1. You have just retired and are no longer working -or-
2. You are a RFPA member, have been working in DROP and have now retired (no longer working).

FIRST:	M.I.:	LAST:
LAST 4 OF SSN:	<input type="checkbox"/> FIRE <input type="checkbox"/> POLICE	DATE RETIRED:

Annual Dues Are \$24.00.

Paid by Automatic Pension Check Deduction at \$2.00 monthly.

Payroll Deduction Authorization:

I, the undersigned retiree of the City of San Diego, having entered into an agreement with the payee: **Retired Fire and Police Association**, whereby payments becoming due thereunder are to be deducted from my pension due or to become due me as such retiree, do hereby authorize the City Auditor and Comptroller and the City Treasurer to deduct from my pension pay-check such sums as appear on the pension payroll to the credit of said payee and further authorize payment of such deducted sums to the said payee. This authorization applies to any increase or decrease in the amount due the above payee and is to continue in effect until canceled by written notice served by the undersigned retiree, (or the retirement office upon notification of death), or payee, on the City Auditor and Comptroller.

X _____

Date: _____

WE MUST HAVE THIS FORM TO COMPLETE YOUR APPLICATION FOR MEMBERSHIP:

-
- **FASTEST: FAX TOLL-FREE TO: 866-838-2304**
-OR- **EMAIL** to JIM@RETIREFP.COM
 - -OR - **MAIL TO: JIM CASTER, PO BOX 461025, LEEDS UT 84746**
-