

AUTOMATIC DUES DEDUCTION REQUEST FORM

I, the undersigned, hereby authorize the Seattle City Employees' Retirement System to deduct from retirement, beneficiary, and/or disability allowance such dues as are duly established from time-to-time by the Retired City Light Employees Association, Inc (RCLEA). Until further written notice by me to RCLEA, such deductions shall be made annually from my February 28th allowance and shall be paid to RCLEA.

Name (please print) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email Address _____

Signature _____ Date _____

RCLEA 10/2019



Please print this form, fill it out and mail it to:

RCLEA
PO Box 27204
Seattle, WA 98165-1604