



DEDUCTION AUTHORIZATION

Re: Dues of Contra Costa County Employees Association, Local #1 Associate Member (Retired).

I hereby authorize and request you to deduct from my retirement allowance every month, beginning the first such month after your receipt hereof, such sum as is designated to you in writing by the President and Secretary of said Association, and to pay such sum to said Association as my dues; this authorization to be effective on receipt by you until canceled by me in writing.

Name (printed) _____ Retirement Date _____

Name (signed) _____ Date Signed _____

Address _____ City and Zip _____

Telephone () _____ \$3.00 Per Month