



# Retired Firefighters of Washington

Richard C. Warbrouck [mwarbrouck@comcast.net](mailto:mwarbrouck@comcast.net)  
Home: 425-775-9080 Cell: 206-406-9823  
9134 207<sup>th</sup> Place SW Edmonds WA 98026

PRESIDENT: Richard C. Warbrouck  
VICE PRESIDENT: James A. Fossos  
ADMIN ASSISTANT: Megan Girard ([info@rffow.org](mailto:info@rffow.org))

## RFFOW PAYROLL DEDUCTION APPLICATION

**I am a current member who wants to pay dues via payroll deduction**

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like to receive your newsletters? (Circle one):    USPS                      Email                      Both

Retired From (City, Position, Date Retired): \_\_\_\_\_

Pension Plan (Circle one):    LEOFF I                      LEOFF II                      PRIOR ACT

Preferred payment method for annual dues:    **Auto-Deduction**

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

- Payroll deduction in the amount of \$60 per year. \$57 goes to RFFOW, \$3 goes to the Legislative Fund.

At my own risk, I authorize DRS to regularly deduct a sufficient amount from my retirement allowance to pay dues/voluntary payment deduction at my request under this program. I hold DRS harmless for any problems the payment causes to occur between the organization and me.

Initials: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Deductions will continue until:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once you have completed this form, please sign and mail it, to RFFOW, 9134 207th PI SW, Edmonds WA 98026-6659