

# Public Safety Protection Program

To join, print and complete/sign the form below.

Mail to:

**WFSE/AFSCME**

**1212 Jefferson Street SE #300**

**Olympia WA 98501**

Contact Ton Johnson at 800-562-6002 or [tonj@wfse.org](mailto:tonj@wfse.org) for more information

## WFSE/AFSCME COUNCIL 28 PUBLIC SAFETY PROTECTION PROGRAM WITHDRAWAL AUTHORIZATION FORM



### **Withdrawal Amounts:**

**Initial one time withdrawal of \$13.50, thereafter followed by a monthly withdrawal of \$4.50.**

I hereby authorize WFSE/AFSCME Council 28 to make withdrawals from the account at the Financial Institution (FI) identified below and authorize the FI to charge such withdrawals to my listed account. Such withdrawals shall be as specified in the box above. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to WFSE/AFSCME Council 28. My authorization of these withdrawals is given voluntarily and I understand that it is not required as a condition of membership in WFSE/AFSCME Council 28 or as a condition of continued employment.

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

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

FI Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account:  Checking  Savings

Public Safety Protection Program (PSPP) will accept payments **only** from members of WFSE/AFSCME Council 28. Payments to the PSPP are not deductible as charitable contributions for federal income tax purposes.

PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ S.S. Number: \_\_\_\_\_  
(Last 4 digits)

Agency: \_\_\_\_\_

Job Class: \_\_\_\_\_ Armed? Y or N

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_