



SAN DIEGO FIREMAN'S RELIEF ASSOCIATION

Payroll Deduction Authorization Form – Retirees

San Diego Employee Retirement System

SDFRA member dues: \$52.75 monthly
Total monthly deduction: \$52.75 monthly

Full Name: *(please print)*

Social Security #:

I, the undersigned retiree of the City of San Diego, having entered into an agreement with the payee San Diego Fireman's Relief Association, whereby payments becoming due there under are to be deducted from my pension due, or to become due from me as such retiree, do hereby authorize the City Auditor and the City Treasurer to deduct from my pension paycheck such sums as appear on the pension payroll to the credit of said payee and further authorize payment of such deducted sum to the said payee. This authorization applies to any increase or decrease in the amount due to the above payee and is to continue in effect until canceled by the written noticed served by the undersigned retiree, (or the Retirement System upon notification of death), or payee, on the City Auditor and Comptroller.

Signature:

Date:

For internal use only

	Input	Review
Date		
Initial		