

**CITY OF SAN DIEGO RETIRED EMPLOYEES' ASSOCIATION
SDCERS PAYROLL DEDUCTION AUTHORIZATION**

As a retiree (or retiree spouse/beneficiary) of the City of San Diego, or the Unified Port Authority of San Diego, or the San Diego County Airport Authority, I am receiving a retirement allowance from the San Diego City Employees' Retirement System (SDCERS). I have entered into an agreement with the **City of San Diego Retired Employees' Association (REA)** to allow my REA dues to be deducted from my pension pay-check. I authorize SDCERS to deduct from my pension pay-check the monthly REA dues each month as they become due and payable and authorize payment of this sum to REA. This authorization applies to any increase or decrease in the amount due to REA and is to continue in effect until cancelled by written notice served by me or REA on SDCERS. I understand that I may cancel this authorization at any time by providing SDCERS with 30 days written notice of cancellation.

Print Name

Signature

Date

SSN (last 4 digits)___/___/___/___

Agency: ___ City of San Diego ___ Port Authority ___ Airport Authority

Please mail to: City of S.D. Retired Employees Association
 1286 University Ave, # 396
 San Diego, CA 92103