

**CITY OF SAN DIEGO  
RETIRED EMPLOYEES' ASSOCIATION**

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**PAYROLL DEDUCTION AUTHORIZATION**

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**SAN DIEGO CITY EMPLOYEES' RETIREMENT SYSTEM**

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I, the undersigned retiree of the City of San Diego, having entered into an agreement with the payee: San Diego Municipal Employees Association, whereby payments becoming due thereunder are to be deducted from my pension due, or to become due from me as such retiree, do hereby authorize the City Auditor and Comptroller 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 sums 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 cancelled by written notice served by the undersigned retiree, (or the Retirement System upon notification of death), or payee, on the City Auditor and Comptroller.

SSN (last 4 digits) \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

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(Complete Form Above This Line)

	Monthly Deduction Amount	Effective Date (1 <sup>st</sup> day of mo.)
San Diego Municipal Employees Association	_____	_____

Date:      Input      Review  
               

Initial:          

**Please mail to:** MEA Benefits Department  
PO Box 34547  
San Diego, CA 92163