## REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OF ORGANIZATION DUES

					(CIVIL SERVICE ANNUITY NUMBER)				
IAST STREET AND NUMBER				FIRST				MIDDLE	
				СП	Y	STATE ZIP CODE +4			
						_			
DATE OF BIRTH:	MONTH	DAY	YEAR	DATE OF RETIR	EMENT: N	ИОПТН	DAY	YEAR	
		SECTION A -	- AUTHO	ORIZATION BY	RETIREE				
allotment authoriza Management harml I also authorize the Contributions or gift	cordance with its ag tion shall be a matte ess for any erroneou Office of Personnel M s (including dues) to be tax deductible und SIGNATUR	er between the is deductions. Management t the NRICA ar	e Assoc to disclo e not ta visions	iation and my ose any inform ax deductible a	self and I hold the ( nation necessary to ns charitable contri	Office of Po	ersonnel		
	,	SECTION B - F	OR USE	E BY STATE ASS	SOCIATION				
NATIONAL F CARRIERS' A	RURAL LETTE SSOCIATION	R				IOCAT	ION NO.	STATE	
nereby certify that the r	etired dues of this orga	anization of the	e above	named member	are currently establ	ished at \$_		per month	
SIGNATURE OF Ere	ica Kraguess	, ,	State	Secretary	DATE		REMIT NO	).	
	SE	ECTION C - FOI	R USE B	Y NATIONAL A	SSOCIATION				
Date Received at NF	RICA:	]	For Offi	ce Use Only	Beth Monteja WIRLCA Ass PO BOX 130 Green Bay, V	istant Se 11		rer	

Be sure to include your CSA number.