

Authorization for REAC Dues Deduction from ACERA Retirement Benefit

Name _____ Retirement Date _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

I authorize the Alameda County Employees' Retirement Association (ACERA) to deduct \$1.00 per month from my retirement benefit to pay membership dues to the Retired Employees of Alameda County (REAC).

Date _____ Signature _____

Please mail the completed form to:

Retired Employees of Alameda County (REAC)

P.O. Box 302

Oakland, CA 94604