

## **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 \$2.00 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