

Authorization for REAC Dues Deduction from ACERA Retirement Benefit

Name _____ Retirement Date _____
Please print your name

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email _____

Newsletter will be sent electronically unless you opt out here

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