ANNUITANT DEDUCTION AUTHORIZATION

Illinois Public Employees Retiree Chapter 31
American Federation of State, County & Municipal Employees Union, AFL-CIO
615 South Second Street, P.O. Box 2328, Springfield, IL 62705-9899

(PLEASE PRINT)

For office use only
Subchapter_____

Home Phone ( )_____

Name _____
Last First Middle

Street_____ City_____ Zip_____

Social Security Number_____ Birth Date _____

Retirement Date _____ E-Mail _____

I hereby authorize the State of Illinois or associated agencies to deduct each month the amount as certified by the Retiree Chapter as the current rate of dues. This deduction is to be turned over to the Public Employees Retiree Chapter 31, AFSCME.

Signed_____ Date_____