

Authorization for ACRE 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 a monthly amount from my retirement benefit to pay membership dues to the Alameda County Retired Employees (ACRE), a chapter of Local 1021 of the Service Employees International Union. I authorize ACERA to provide my current and future name, address, phone number, and email address to ACRE. Dues amount can be found here: www.acera.org/acre.

Date _____ Signature _____