

**Austin Police Retired Officers Association
Dues Deduction Form**

This form is my authorization to start, stop or change the amount of money to be deducted from my October payroll check from the Austin Police Retirement System in the amount of \$35.00 to pay my yearly dues in the Austin Police Retired Officers Association (APROA).

Retiree's Full Name _____
(Print or Type)

Last four numbers - Social Security XXX-XX-_____

I request the Austin Police Retirement System deduct the amount listed above each year from my retirement check and forward it to the APROA.

In the event the APROA notifies the Austin Police Retirement System of an increase or decrease to this amount, I request the Austin Police Retirement System to begin deducting that amount from my October retirement check. I understand that I may revoke this authority I have granted to the APROA by submitting at any time a new Deduction Request Form. I understand that such a revocation is applicable beginning with the next dues deduction date (the next October) after I have submitted a new Dues Deduction Request Form to the APROA. (i.e. revocations are not retroactive). Dues deduction cards to start or stop payroll dues deduction must be submitted by October 1st.

Retiree's signature

Date

Please turn signed forms into an APROA Board Member, or mail it to:

**APROA
5817 Wilcab Road Suite 3
Austin, Texas 78721**

If you have any questions please contact Randy Malone at 512-658-0692 or e-mail him at aproa@aproa.org.