



RETIRED EMPLOYEES OF STANISLAUS COUNTY ORGANIZATIONS, INC.

P. O. BOX 1646
MODESTO, CA 95353
(209) 521-1666 FAX (209) 527-4035
www.rescotoday.org

AUTHORIZATION FOR DUES DEDUCTION

I, the undersigned, upon receiving a retirement and/or survivor's allowance from the Stanislaus County Employees' Retirement Association (StanCERA), hereby authorize StanCERA to deduct from my monthly retirement benefit the official Retired Employees of Stanislaus County Organizations, Inc. (RESCO) monthly dues as on file with StanCERA, and to transmit such deductions monthly to RESCO. I am also requesting that StanCERA provide the information listed below for my membership in RESCO. This authorization shall continue until revoked by me. In addition, I authorize StanCERA to release to RESCO any updated contact information of mine as long as I am a dues-paying member of RESCO.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

DOB: _____

Signature

Date

Please return this form to: RESCO, P.O. Box 1646, Modesto, CA 95353