



# Automatic Dues Deduction Authorization

*Must be receiving a TRS of KY annuity payment for  
automatic dues deduction membership option*



\_\_\_\_\_  
Name

\_\_\_\_\_  
Last 4 of SS and 8 digit DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County Association

\_\_\_\_\_  
Retirement Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

**I request voluntary withholding of annual membership dues in the amount of \$20 for the Kentucky Retired Teachers Association from my November annuity payment from the Teachers Retirement System of Kentucky (TRS). I also authorize TRS to share contact and member identification information with KRTA. This authorization will remain in effect until I choose to terminate by written notice to the TRS prior to October 15 of any year.**

Kentucky Retired Teachers Association  
7800 Leaders Lane  
Louisville, KY 40291  
info@krta.org  
1-800-551-7979

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date