

Name (First and Middle Initial) _____ (Last) _____

Pension Number _____ Social Security Number _____

To: Payroll manager, PFRS

I HEREBY AUTHORIZE THE POLICE AND FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT TO REMIT THE SUM SPECIFIED FROM MY MONTHLY RETIREMENT ALLOWANCE TO THE RETIRED DETROIT POLICE AND FIRE FIGHTERS ASSOCIATION

Deduction Amount \$3.00 (Three Dollars) Association Dues

Deduction Code 00080100



SIGNATURE _____ DATE _____

2025 Dues \$36.00 Retired Detroit Police & Fire Fighters Association

Please Complete This Form & Return with Payment

Application for Renewal _____ New _____ Associate

Name _____ Phone _____

Address _____ E-Mail _____

City _____ State _____ Zip _____

For Additional Assistance Contact Association Office 586-795-1734

Make Checks Payable to: Retired Detroit Police & Fire Fighters Association

Mail to: 2525 E 14 Mile Rd Sterling Heights, MI 48310-5969

Amount Paid _____ Date Paid _____ Check No _____

Please Disregard if Dues have already been Paid

IRS Notice 835 (Jan 88) Noncharitable Contribution