

CalRTA Political Action Committee Authorization for CalSTRS Deduction



**California Retired
Teachers Association**

www.calrta.org

**PLEASE DO NOT ENCLOSE
YOUR CalRTA DUES PAYMENT**

☐ I authorize CalSTRS to deduct \$ _____ each quarter of every year until I notify the CalRTA-PAC to cease deductions.

To discontinue deductions, I agree to notify the CalRTA-PAC in writing by sending correspondence in care of the CalRTA Business Office.

Signature: (Required in order to deduct donations from your retirement warrant.)

Full Name

Address

City

State

Zip

Full Social Security Number: (Required to deduct donations from your retirement warrant.)

Mail completed forms to: CalRTA | 1900 Point West Way, Suite 212 | Sacramento, CA 95815-4704