

**ASSOCIATION OF HIALEAH RETIRED MUNICIPAL
EMPLOYEES (AHRME)**

Telephone: 954-438-3636 Or 772-287-4790 Or 561-784-4588
P.O. Box 2501 Palm City, Florida 34991

DUES CHECKOFF FORM

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

I, _____, (print name) hereby authorize the City of Hialeah Employees Retirement System to deduct from my monthly pension check, the sum of two dollars (\$2.00) per month for payment of monthly dues to the Association of Hialeah Retired Municipal Employees.

BY SIGNING THIS FORM, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF HIALEAH, THE HIALEAH EMPLOYEES RETIREMENT SYSTEM, AND THE ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYEES IN CONNECTION WITH MY ELECTION TO DEDUCT ASSOCIATION DUES.

I acknowledge that I may revoke this authorization for deduction of future dues payments at any time, provided that I provide sufficient advance written notice to the Retirement System for the processing of my revocation.

Note that you are not required to sign this form, but may voluntarily agree to do so as a convenience provided by the City Retirement System and the Association.

Dated: _____

Signature of Retiree

Social Security Number
(Required for State Street identification)

Street Address

City State Zip

Email

Telephone