

# NYSUT BENEFIT TRUST PAYROLL DEDUCTION AUTHORIZATION

(Please Print):



Member's Last Name	First Name	MI	Member's Social Security No.	
Street Address		City	State	Zip
( )	Home Telephone No.		Job Sequence Number	

The amount of deduction will be determined by the NYSUT Benefit Trust based on the programs chosen.

*To the Employer:*  
 I hereby authorize you to deduct from each of my salary checks the deduction necessary for the purpose of the NYSUT Benefit Trust. I understand that this authorization may be revoked at any time by written notice to you.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**NEW YORK STATE UNITED TEACHERS BENEFIT TRUST - 800 Troy-Schenectady Road, Latham, NY 12110-2455**

