



FAX Memo

2 pages including cover

Date: _____

To: Wisconsin State FSA Office Administrative Office

Dear Wisconsin State FSA Administrative Staff:

Following this cover memo, please find my completed copy of the FSA-444 authorizing payroll deduction for my NASCOE/WASCOE dues. I am requesting that this be set up effective for the payroll deduction to begin in Pay Period ____.

Associate Member: \$1.73 per pay period
CO Grade 4: \$3.27 per pay period
CO Grade 5: \$3.27 per pay period
CO Grade 6: \$3.46 per pay period
CO Grade 7: \$3.65 per pay period
CO Grade 8: \$3.84 per pay period
CO Grade 9: \$4.23 per pay period
CO Grade 10: \$4.61 per pay period
CO Grade 11: \$5.00 per pay period
CO Grade 12: \$5.38 per pay period

I understand that WASCOE's dues structure is set as defined above. I authorize FSA to update my withholding amount for any grade changes that occur while this FSA-444 is effective. I acknowledge that I have read and understand the authorizations set in Item 7, "Type of Allotment" on the FSA-444.

Sincerely,

Signature

Date

Print Name

Print County Office Name

Home Email Address