**FRATERNAL ORDER OF POLICE**

Carroll County Lodge 20

P.O. Box 302

Westminster, MD 21158

Fax 410-783-4771

<http://www.fop20.com>

**AUTHORIZATION FOR PAYROLL DEDUCTION OF FRATERNAL ORDER OF**

**POLICE DUES**

**I hereby authorize my employer, Town of Sykesville to deduct from my salary in the amount of $442.00 per year, which is to be remitted to the Fraternal Order of Police, Lodge #20. The dues are to be deducted at the rate of $17.00 per biweekly pay period, beginning on the following date \_\_ \_\_\_\_. I understand that I may terminate this authorization by notifying the Town of Sykesville and the Fraternal Order of Police, in writing, thirty (30) days in advance. The dues deducted should be remitted to the Treasurer of the Fraternal Order of Police Lodge 20.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE’S NAME (Print) EMPLOYEE’S SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE SOCIAL SECURITY NUM BER**

**\_ Sykesville Police Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE’S AGENCY WITNESS’S SIGNATURE**