

NAME _____ **EMPLOYEE #** _____

ADDRESS _____ **DEPT #** _____

I hereby authorize my employer, **THE CITY OF JACKSON**, to deduct from my paycheck each month the amount of \$ _____ for FOP dues and legal aid insurance and remit same to the Fraternal Order of Police; P. O. Box 2846, Jackson, TN 38302. This deduction will be made from the first paycheck of each month beginning _____, _____. This deduction is to remain in effect until notified in writing to cancel both by me and the FOP.

Witness

Signature

Date