



Fraternal Order of Police Associates Lodge 100A

***TOWN OF DAVIE FOP GENERAL EMPLOYEES, LODGE 100A
AUTHORIZATION FOR PAYROLL DEDUCTION***

By _____
(Please Print) Last Name First Name Middle Name or Initial

To _____
Name of Employer Department Job Classification

Effective _____ I hereby request and authorize you to deduct from my earnings each pay period an amount sufficient to provide for the regular payment of the current rate of monthly union dues established by the Fraternal Order of Police Labor Council. This amount deducted shall be paid to the Fraternal Order of Police Labor Council in accordance to Article 6 of the Town of Davie FOP General Employees Collective Bargaining Agreement. This authorization shall remain in effect unless terminated by me with thirty (30) days written notice to both the Town of Davie and Union. Currently, dues shall be \$30 per month which equates to \$13.83 biweekly.

Employee Signature

Street Address

Work Number

City, State, Zip Code

Cell Phone

Home Number

Email Address