

STATE OF MARYLAND
CENTRAL PAYROLL BUREAU
PAYROLL DEDUCTION AUTHORIZATION

Please print or type all information in BLACK INK for electronic imaging.

Payroll Type - Check One

Regular

Contract

University of Maryland

Personnel/Payroll Agency Code
 (See your pay stub for information)

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Agency Name (Place of Employment)

Maryland Transportation Authority Police Department

Social Security Number

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Employee Name

Deduction Action Requested	Name of Deduction	Payroll Cycle
<input checked="" type="checkbox"/> Initiate <input type="checkbox"/> Change <input type="checkbox"/> Cancel	FOPSE - 55	Deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.
	Employee Total Biweekly Deduction Amount	
	CURRENT AMOUNT \$ 0	
	NEW AMOUNT \$ 24.00	

I authorize the State of Maryland to deduct from my salary the above amount and forward it to Fraternal Order of Police State Employees Assoc. Inc (for Lodge #34). This deduction will continue until I submit written notice to change or cancel it on a new authorization form.

Employee's Signature

Date

Daytime Telephone Number