

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
 Contact
 University of Maryland

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

4 1 0 1 0 1

Agency Name (Place of Employment)

Maryland State Police

Social Security Number

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Employee Name

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Deduction Action Requested	Name of Deduction	Payroll Cycle
<input checked="" type="checkbox"/> Initiate <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<p style="font-size: 1.2em; font-family: cursive;">55-FOPSE</p> <hr/> Employee Total Biweekly Deduction Amount Current Amount \$ New Amount \$ 13.00	Deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.

I authorize the State of Maryland to deduct from my salary the above amount and forward it to FOPSE. This deduction will continue until I submit written notice to change or cancel it on a new authorization form.

 Employee Signature

 Date

 Daytime Telephone Number