



WHERE FAMILY MATTERS

ASSOCIATION FUND DEDUCTION AUTHORIZATION

I, _____, hereby authorize the City of North Port to deduct \$5.00 from my salary each pay period toward the North Port Police Officers Association Fund and to transmit, as agreed, to the Fund Administrator.

I understand this authorization is completely voluntary and that I may revoke it at any time by giving thirty (30) days advance written notice to both the City and the Fund Administrator.

I further understand that, in the event my net earnings for any given week are not sufficient to cover the deduction, it will be the responsibility of the Fund Administrator to collect that week's amount directly from me.

Signature: _____ Date: _____

Rank/Classification: _____

Distribution:

NPPOA President – Joe Fussell

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