



Monroe – Union Fraternal Order of Police Lodge #19

Application / Payroll Deduction Authorization

Please complete all lines on the form:

I understand that by signing this payroll deduction form, I am agreeing to have a bi-weekly deduction taken from my pay check as assigned by the Monroe-Union Fraternal Order of Police Lodge #19. This bi-weekly deduction will be for 26 pay periods and a total of \$235.00. My signature below authorizes the deduction to be taken until I send a cancellation request. It is my responsibility to notify the Monroe-Union Fraternal Order of Police Lodge #19 if I terminate my payroll deduction or do not have enough pay for the deduction To be taken from my pay check.

Employee's Full Name (*please print*): _____
First Middle Last

Employee ID#: _____ Department: _____ DOB: _____ Last 4 of SSN: _____

(Only for New Members)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

PERSONAL EMAIL: _____

(FOP requires us to submit your personal email - Confidentiality purposes)

Signature: _____

Beneficiary Name / Relationship: _____

Beneficiary Home Address: _____

City: _____ State: _____ Zip: _____

Check appropriate box:

☐ Active Full Time LE
\$235.00

☐ Detention Officer / Support Personnel
\$235.00

☐ Retired LE
\$50.00

Monroe-Union FOP Lodge #19
PO Box 212
Monroe, NC 28111

Tabitha Rogers, Secretary
Cell: 704-320-5558
tlockey91@gmail.com

Crystal Caskey, Treasurer
Cell: 704-320-8296
mommahearnes@yahoo.com

Thank you for your support for the Fraternal Order of Police...
"We Stand With You"