

AUTHORIZATION FOR PAYROLL DEDUCTION

(To be completed and signed by the employee in appropriate space, please print or type.)

Social Security Number						Name (Last, First, Middle Initial)					
			-								
Employee Beacon Number						Institution/Division					

Employee's Authorization

I hereby authorize my employer to deduct from my salary the membership dues as established by the North Carolina Troopers Association, Inc. I understand that this amount will be deducted until 1) revoked by me at any time upon 30 days written notice to the employer, or 2) termination of my employment I understand that dues are calculated by NCTA and are subject to change periodically, and I therefore authorize the agency to adjust my payroll deduction as necessary. The deduction made pursuant to this authorization shall be transmitted to:



"Troopers Helping Troopers"

North Carolina Troopers Association, Inc.
P.O. Box 840 • Summerfield, NC 27358
Telephone: (336) 644-8914 • 1(800) 446-7334
Fax: 336-644-6205

Amount of deduction \$15.00 per month

Effective Deduction Date: _____

Office use Only!!

My signature hereon is authorization to release my Social Security number in reporting dues deductions.

Employee's Signature: _____ Date: _____ Phone: _____

* Our dues include a \$.50 per month voluntary contribution to our PAC fund. For inquires, or to cancel this important contribution, call 1-800-446-7334

Return all copies to North Carolina Troopers Association, Inc.