

Please complete both payroll deduction cards. Cut off the bottom one and forward it to your benefits administrator/payroll representative. Leave the top one attached to your COA membership application and forward both to your COA Director, or you may mail both directly to **Steve Lyddon** at the bottom of the membership form.

ILLINOIS STATE POLICE
PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize a deduction in the amount certified as the rate of deduction to be withheld from my pay semi-monthly in accordance with the State Salary and Annuity Withholding Act.

DEDUCTION FOR _____
Payee Name Payee Code No.

EMPLOYEE NAME _____
Last First Middle

SOCIAL SECURITY NUMBER _____ PAYROLL CODE NO. _____

DEDUCTION PER:
Pay Period \$ _____ EFFECTIVE PAY PERIOD _____

NOTE TO EMPLOYEE: DATE _____
Complete 1 Copy; Submit to Payroll SIGNED _____

IL 492-0535 ISP 2-130 (11-88)

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