

**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 Morrie Fraser 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:** \_\_\_\_\_  
Complete 1 Copy; Submit to Payroll **DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

IL 492-0535

ISP 2-130 (11-88)

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