

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 Jerry Culp 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)

**ILLINOIS STATE POLICE
PAYROLL DEDUCTION AUTHORIZATION**

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Payee Name Payee Code No.

EMPLOYEE NAME _____
Last First Middle

SOCIAL SECURITY NUMBER _____ **PAYROLL CODE NO.** _____

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Pay Period \$ _____ **EFFECTIVE PAY PERIOD** _____

NOTE TO EMPLOYEE: _____
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SIGNED _____

IL 492-0535

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