

F.O.P. Dues Withholdings MCSD

I hereby authorize the Madison County Auditor to deduct the annual amount of **\$164.00** divided and paid monthly necessary to pay for F.O.P. dues.

Said amount shall be remitted monthly to the

F.O.P. Lodge #48

P.O. Box 948

Anderson, IN 46015

by the Madison County Auditor

Officer's Signature _____

Date _____

Officer's Printed Name _____