

## F.O.P. Dues Withholdings

I hereby authorize the Anderson City Controller to deduct from my wages the monthly amount necessary to pay for F.O.P. Legal Defense Fund payment, \$ \_\_\_\_\_

Said Amount shall be remitted monthly to the  
F.O.P Lodge #48  
PO Box 948  
Anderson, IN 46015  
by the Anderson City Controller.

Officer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Officer's Printed Name \_\_\_\_\_