

CENTRAL STATES TROOPERS COALITION OF LOUISIANA, INC.
State Of Louisiana Employee Payroll Deduction Authorization

Employee name	Social Security Number	Payroll Reporting No
Department / Agency / Section Name	Control Number	Authorization Codes DU / CT

I hereby authorize my employer to deduct a total amount of \$_____, bi-weekly for twenty-six pay periods for dues, from my salary until further notice and remit same to **Central State Troopers Coalition of Louisiana Inc.**

Employee Signature

DATE

BEGIN DEDUCTION

Representative Signature

DATE