

STATE OF MARYLAND  
CENTRAL PAYROLL BUREAU  
PAYROLL DEDUCTION AUTHORIZATION

*Please print or type all information in BLACK INK for electronic imaging.*

Payroll Type - Check One

Regular

Contract

University of Maryland

Personnel/Payroll Agency Code  
(See your pay stub for information)

290201

Agency Name (Place of Employment)

MD Transportation Authority Police

Social Security Number

Employee Name

Deduction Action Requested	Name of Deduction	Payroll Cycle
<input checked="" type="checkbox"/> Initiate	FOP 34	Deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.
<input type="checkbox"/> Change	Employee Total Biweekly Deduction Amount CURRENT AMOUNT \$ 0.00	
<input type="checkbox"/> Cancel	NEW AMOUNT \$ 24.00	

I authorize the State of Maryland to deduct from my salary the above amount and forward it to Fraternal Order of Police #34 MDTA Police. This deduction will continue until I submit written notice to change or cancel it on a new authorization form.

Employee's Signature

Date

Daytime Telephone Number