

**FRATERNAL ORDER OF POLICE  
ILLINOIS CORRECTIONS LODGE 263  
PAYROLL DEDUCTION AUTHORIZATION FORM**

I AM PAID: **MONTHLY**

I Hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act.

Deduction For: **FRATERNAL ORDER OF POLICE ILLINOIS CORRECTIONS LODGE 263**  
(Payee Name)

Payee Code/Number: **82**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
Number Street City Zip Code

Social Security Number Required for benefits

\_\_\_\_\_

Agency: IL Dept. of Corrections **RETIRED** Facility AND Rank at Retirement: \_\_\_\_\_

DECUCTION PER: **MONTH \$6** PAY PERIOD \$ 6 EFFECTIVE PAY PERIOD: ASAP

NOTE TO EMPLOYEE: (\*I am aware in the event of a dues change the organization will make a notification to payroll and I am authorizing that change, this will be in effect until I terminate the deduction authorization)

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IL SRS  
2101 S. Veterans Parkway  
Springfield, IL 62704  
Attn Pay Deductions