

**TRAVIS COUNTY
AUTHORIZATION TO DEDUCT ORGANIZATIONAL DUES & FEES**

TO: Travis County Auditor
From: Employee Name (Please Print) _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize the Travis County Auditor to deduct organizational dues of \$_____ per pay period from my
Paycheck beginning _____ (month/year) for membership in the organization indicated below:

**Fraternal Order of Police
Austin Lodge 49
P.O. Box 685151
Austin TX 78768-5151**

I also authorize the designated organization to submit changes to the amount deducted based upon changes to organizational dues increases or decreases based upon my membership selections.

EMPLOYEE/MEMBER SIGNATURE

DATE OF SIGNATURE

Submitting this card will supersede any previous organization dues deduction cards. Your signature also authorizes the lodge to make changes to the amount as needed based upon membership dues & fees.

Return this form with Lodge Application and upon induction to lodge card will be submitted to
Travis County Auditor by lodge leadership

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