

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE STATE FIRE MARSHAL  
ORDER FOR PAYROLL DEDUCTION**

Name\_\_\_\_\_

Personnel Number\_\_\_\_\_

Section\_\_\_\_\_

Home Address\_\_\_\_\_

\_\_\_\_\_

Telephone\_\_\_\_\_

**ORDER FOR PAYROLL DEDUCTION  
FOR THE FIRE MARSHAL ASSOCIATION OF  
LOUISIANA**

I hereby authorize the Office of the State Fire Marshal, Department of Public Safety, Human Resources, to deduct **\$4.62 bi-weekly beginning with pay period January 9, 2012, for FMAL dues.** This will be a continuing deduction, and if for any reason I decide to discontinue the deduction, I will notify the FMAL of my intention.

Member's Signature\_\_\_\_\_

Date\_\_\_\_\_

Witness\_\_\_\_\_

Date\_\_\_\_\_