

**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 **\$1.00 bi-weekly beginning with pay period _____ 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_____