



I, \_\_\_\_\_, authorize North Dakota State University to deduct dues from my payroll checks on behalf of the Fraternal Order of Police, beginning with the check received on \_\_\_\_\_.

**Check all that apply, Membership dues are required in order to have the option for Legal Defense.**

- Membership - \$5.50 per pay period
- Legal Defense - \$11.00 per pay period

Employee Name: \_\_\_\_\_ Empl ID #: \_\_\_\_\_

Employee Signature

Date

***Internal HR/Payroll Use Only:***

Received: \_\_\_\_\_

Entered: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please print this form.**

**Send this form to :**  
Human Resources/Payroll  
Dept 3140 PO Box 6050  
Fargo ND 58108-6050

Phone (701) 231-8961  
Fax (701) 231-9686