

Suffolk Police Veterans Association

Post Office Box 861  
Manorville, New York 11949  
631.793.3903

PAYROLL DEDUCTION AUTHORIZATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ AGENCY \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I HEREBY AUTHORIZE THE SUFFOLK POLICE VETERANS ASSOCIATION  
TO DEDUCT \$2.00 PER PAY PERIOD FOR MEMBERSHIP DUES.

SIGNATURE \_\_\_\_\_

[www.suffolkpolicevets.org](http://www.suffolkpolicevets.org)