

# M.A.M.L.E.O

Massachusetts Association of Minority Law Enforcement Officers, Inc.

61 Columbia Road  
Dorchester, MA 02121  
Telephone (617) 436-6868

## Payroll Deduction Authorization

**Date:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*FIRST NAME* *INITIAL* *LAST NAME*

**Department Name:** \_\_\_\_\_

I hereby authorize the City of Boston to \_\_\_\_\_ START \_\_\_\_\_ STOP monthly deductions of \$60.00 from my wages or salary for dues towards my membership in (M.A.M.L.E.O.) Massachusetts Association of Minority Law Enforcement Officers, Inc. This authorization will continue in effect until revoked by me.

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_ **Signature:** \_\_\_\_\_