



Massachusetts State Police



Commissioned Officers Association

*** AUTHORIZATION FOR PAYROLL DEDUCTION ***

Agency: Massachusetts State Police

Date: _____

Name: _____

MSP ID# _____

Home Address: _____

City: _____ State: MA Zip: _____ Cell: _____

I hereby authorize the Commonwealth of Massachusetts to deduct \$37.00 from my pay twice monthly for dues to the State Police Commissioned Officers Assoc. of MA, Inc. which is subject to change when approved by a vote of the membership. I understand that this deduction may be terminated by me giving thirty (30) days notice in writing.

Signature: _____ HR/CMS# _____

Copy for Employer – Submit to MSP Payroll, Attn Michael Faiola, 470 Worcester Rd, Framingham MA 01702 or email to Michael.faiola@pol.state.ma.us



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Copy for COA – Mail with \$62.00 check to: MSP COA, PO BOX 849, Framingham, MA 01701 or pay by credit card online at www.maspcoa.org AND submit this form to: treasurer@maspcoa.org