



**Municipality of Monroeville**  
**Monroeville, PA 15146**

**FOP Deductions – Police Only**

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

I hereby authorize the Municipality of Monroeville to deduct \$45.00 from my 1<sup>st</sup> paycheck of every month for FOP dues. This authorization remains valid until I provide written notice of termination, ensuring both the employer and financial institution have adequate time to process the request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date