



Municipality of Monroeville
Monroeville, PA 15146

Flower Fund – Police Only

Employee ID #: _____ Employee Name: _____

I hereby authorize the Municipality of Monroeville to deduct \$3.00 from my 1st paycheck of every month for the Monroeville Police Flower Fund. 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