

Commonwealth of Massachusetts

Payroll Deduction Authorization Form (PDA) for: The Massachusetts State Police Museum and Learning Center, Inc.

Please remit my payroll deduction to:

Massachusetts State Police Museum and Learning Center

New Deduction

Address: 470 Worcester Road
Framingham, MA 01702

In the amount: \$3.00 per pay period
Payment deduction code: SPMLC

Agency/Dept: Department of State Police

Total Pay Period Deduction: \$3.00

Employee: _____ Bargaining Unit: _____ Employee ID: _____

Address: _____

Home Phone: _____

I hereby authorize my Employer, named above, to deduct from my salary and to remit to the above named Museum until further notice the above amount.

It is understood that my Employer will forward the said payments to the Museum during the continuance of my employment by said Employer or until this authorization is revoked by me with sixty days notice in writing to the said Employer.

I agree not to hold my Employer responsible in the event a payment is not made as scheduled.

Employee signature: _____ Date: _____

Please complete this form and mail it to:
Massachusetts State Police Museum and Learning Center
470 Worcester Road, Framingham, MA. 01702