

REQU T FOR ALLOTMENT OF PREMIUMS FROM SALARY

NAME OF EMPLOYER

Klallam Police Dept

NAME OF EMPLOYEE

J. D. Tippitt

Department <i>Police</i>	New Policy Number	Monthly Premium <i>4.11</i>	Due Date of First Premium to be Deducted <i>11-25-55</i>
-----------------------------	-------------------	--------------------------------	---

Date *10-22*, 19*55*

TOTAL PREMIUMS Including New Policy

To Employer:

I hereby request you to allot from my salary each month and as my agent, forward to the Jefferson Standard Life Insurance Company the amount of the monthly premium shown above. Such allotment shall cease upon the completion of the premium paying period as provided in the policy or upon written notice by me of the cancellation of this order.

Policy Number	Monthly Premium

Robert E. Mackay
Witness

J. D. Tippitt
Signature of Employee

TOTAL DEDUCTION \$ _____