

**CITY OF LITTLE ROCK**  
**VOLUNTARY DEDUCTION AGREEMENT**

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Department You Work For: \_\_\_\_\_

**DEDUCTION**

Deduction Name: \_\_\_\_\_

Amount \_\_\_\_\_ Frequency: \_\_\_\_\_ Biweekly  
\_\_\_\_\_ Monthly

**Authorization**

I hereby authorize the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above.

This authorization is to remain in force until the City of Little Rock receives notice of cancellation from me. This notice of cancellation must be received by the payroll office no later than Friday before payday to be effective the following payday Friday.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation**

I hereby cancel the authorization for the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above.

Effective Date: \_\_\_\_\_ Signed: \_\_\_\_\_

---