

**CITY OF LITTLE ROCK**  
**VOLUNTARY DEDUCTION AGREEMENT**  
**Dailey Fitness Center**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Department \_\_\_\_\_ Employee number \_\_\_\_\_

This authorization will be effective the first day of the following month with the payroll deduction coming out once a month from the last pay period in the month. If you would like to use the center in the current month, please take a copy of this authorization to the center and you can pay a prorated fee for the remainder of this month. No more than two (2) adults over age 18 can participate in the Family (3-5) membership without paying an additional \$12.50.

_____	Employee Only	\$20.00
_____	Household of 2	\$27.50
_____	Household of 3-5	\$30.00
_____	Household of 3-5 with an additional person over the age of 18: an additional \$12.50	(\$42.50)

**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 benefits 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 \_\_\_\_\_

**Fax back to Benefits 371-4496**

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**For Department Use Only**

Information verified as to accuracy and entered into payroll system?      Yes      No

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)