

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.

_____ Employee Only \$10.00

_____ Employee + Family \$15.00

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

For Department Use Only

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

(Signature)

(Date)