

CITY OF LITTLE ROCK
ADVICE SUPPRESSION AGREEMENT

Employee Name: _____ Employee ID# _____

Social Security Number: _____

Department You Work For: _____

Authorization:

I hereby authorize the City of Little Rock's Payroll Department to suppress my check advices going forward.

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 suppress my advices.

Effective Date: _____ Signed: _____

03/22/2019
