

# Williamson County Employees Association

## **Payroll Deduction and Cancellation of Deduction Authorization Form**

To initiate deduction:

I, \_\_\_\_\_, employee # \_\_\_\_\_ do hereby authorize Williamson County to deduct \$ 5.00 for Williamson County Employees Association dues from my bi-weekly paycheck. I also understand this deduction will continue without interruption unless Williamson County Employees Association or I cancel it in writing.

To cancel deduction:

I, \_\_\_\_\_, employee # \_\_\_\_\_ do hereby wish to CANCEL my bi-weekly deduction for Williamson County Employees Association dues to begin on the next available pay period.

This action is being taken voluntarily and I therefore will not hold Williamson County liable for any deduction taken under this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_