

**HOLLYWOOD MUNICIPAL EMPLOYEES, LOCAL 2432**  
***"Working People of Hollywood"***

**AUTHORIZATION FOR PAYROLL DEDUCTION**

By \_\_\_\_\_  
PLEASE PRINT      LAST NAME      FIRST NAME      MIDDLE NAME OR INITIAL

TO \_\_\_\_\_  
NAME OF EMPLOYER      DEPARTMENT

Effective \_\_\_\_\_ I hereby request and authorize you to deduct  
DATE

from my earnings each pay period an amount sufficient to provide for the regular payment of the current rate of monthly union dues established by AFSCME Local 2432. The amount deducted shall be paid to the treasurer of Local 2432. This authorization shall remain in effect unless terminated by me with thirty (30) days written notice to both Local 2432 and the City of Hollywood.

\_\_\_\_\_  
EMPLOYEES SIGNATURE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
PHONE WITH AREA CODE

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

Check one: General \_\_\_\_\_ Professional \_\_\_\_\_ Supervisory \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PLEASE FILL OUT AND RETURN TO AFSCME LOCAL 2432**

2415 Hollywood Boulevard  
Hollywood, FL 33020  
Or  
FAX to 954-922-4252