



We Make Hollywood Happen

HOLLYWOOD MUNICIPAL EMPLOYEES, LOCAL 2432

AUTHORIZATION FOR PAYROLL DEDUCTION

Name: _____

Department or Division: _____

Effective _____ I hereby request and authorize you to deduct 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 A.F.S.C.M.E. 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.

Signature

Print

Phone: (_____) _____ Email: _____

Address: _____

General Supervisory Professional

**PLEASE COMPLETE AND RETURN TO AFSCME LOCAL 2432
2734 Hollywood Boulevard, Hollywood Florida 33020
www.local2432.com**