



Williamson County Deputies Association (WCDA)

Williamson County WCDA Membership Management Form

Authorization for Payroll Deduction or Cancellation of Deduction

To initiate deduction:

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

To pay 1 year of membership:

I, _____, employee # _____, wish to pay 1 year of Williamson County Deputies Association Dues (WCDA) membership dues in one lump sum (\$130). Attached is a check made payable to Williamson County Deputies Association.

To cancel deduction:

I, _____, employee # _____, do hereby wish to CANCEL my bi-weekly deduction for WCDA dues to begin on the next available pay period.

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

Signature

Date

Printed Name

Employee Number

Personal Email (not wilco.org)

Phone



Completed forms may be submitted directly to one of the following:
charlesduvallwcda@gmail.com or to any Williamson County Deputies Association Board Member.

