

Employee Health Membership

Payroll Deduction Authorization Form

Employee Name _____

Membership Type	Amount deducted each Check	Total per Month including City contribution	Employee Initial	P/R Initial
Employee	\$15.00			
Employee + 1	\$27.50			
Employee + 2	\$32.50			
Employee + 3	\$37.50			
Employee + 4	\$42.50			

I hereby authorize the City of West Monroe to deduct the above indicated amount from my payroll check for membership at the Wellness Center. I understand that this does not change any other deductions from my check.

Employee Signature/Date

Payroll Department Signature/Date