

Anytime Fitness Membership

Payroll Deduction Authorization Form

Employee Name _____

Membership Type	Amount deducted each Check	Total per Month	Employee Initial	P/R Initial
Employee	\$29.00			
Employee + 1	\$55.00			
Employee + 2	\$66.00			
Employee + 3	\$82.50			

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

Employee Signature/Date

Payroll Department Signature/Date