



The Wellness Center
Payroll Deduction Authorization Form

Employee Name: _____

| Membership Type | Amount deducted per check | Total per month including City contribution | Employee Initial |
|-----------------|---------------------------|---|------------------|
| Employee | | | |
| Employee + 1 | | | |
| Employee + 2 | | | |
| Employee + 3 | | | |
| Employee + 4 | | | |

I have signed up with The Wellness Center, please deduct the above marked memberships fees from my check.

Employee Signature

Date