

# AUM Wellness Center

## Payroll Deduction Authorization

### 12-month membership



AUBURN MONTGOMERY  
WELLNESS CENTER

**Name** (Please print, as listed with AU Payroll)

First: \_\_\_\_\_

Last: \_\_\_\_\_

Employee ID Number \_\_\_\_\_

**Payroll Status**

Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Biweekly \_\_\_\_\_

<b>Membership Type</b>	<b>Monthly rate/Biweekly rate (paid in 12 installments)</b>	<b>Semi-Monthly rate (paid in 10 installments)</b>	
AUM employee	\$ 30.00	\$36.00	_____
Spouse	\$ 10.00	\$12.00	_____
Dependent	\$ 10.00	\$12.00	_____
Dependent	\$ 10.00	\$12.00	_____
Dependent	\$ 10.00	\$12.00	_____

**Annual Total:** \_\_\_\_\_ **Monthly, Semi-Monthly or Biweekly Total:** \_\_\_\_\_

These fees will be payroll deducted from the first payroll check received, starting with the first month of membership. A monthly or biweekly charge (depending on payroll status) will appear on your payslip as an after tax deduction. If your current payroll has insufficient funds to cover your deduction, out of pocket payment will be owed.

**You must fulfill an initial 12-month commitment before ending the deduction.** This deduction will recur until ended by the Wellness Center at the end of a membership year unless membership is renewed for the next year. Termination of membership does not release the employee from the obligation to pay an outstanding balance. Please alert the Member Services department of the Wellness Center if your payroll status ever changes.

My signature below indicates that I have read and agreed to the above terms and authorizes my payroll to be deducted for the outlined charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_