

AUTHORIZATION FOR PAYROLL DEDUCTION

TO WHOM IT MAY CONCERN:

I hereby authorize the City of Waupaca to make payroll deductions for Health Fitness membership. This authorization is to remain in effect until I inform the City of Waupaca in writing to terminate deduction.

\_\_\_\_\_  
NAME OF FITNESS CENTER

\_\_\_\_\_  
AMOUNT OF DEDUCTION

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PAYROLL EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

Note: Payroll deductions will be split between the first two payrolls of each month. A copy of this form must be provided to the Fitness Center in order to receive the employee discount.