



## Payroll Deduction For Gym Membership Dues

**Directions** – Please complete this form and return it to Tessa. If you are completing this form after the 1st of the month, please make your first payment directly to the fitness center in order to allow time for the Payroll Dept to process your payroll deduction form. Please call Celeste with questions – x8791.

Name: \_\_\_\_\_

Department : \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Note - Fitness Center membership dues are deducted on an “after tax” basis from your paycheck effective immediately. This membership runs on the same monthly cycle as all other benefits, which means that deductions are taken one month ahead of the month of coverage. The initial fee will be double the normal monthly membership to account for this invoice cycle.**

I hereby authorize Children’s Therapy Place, Inc. to deduct \$\_\_\_\_\_ from my paycheck, to be paid to Axiom. I understand that this amount will be taken in full from my paycheck on the 10<sup>th</sup> of each month.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### Cancellation Request

I hereby request cancellation of my Fitness Center payroll deduction. Should you decide to continue your Fitness Center membership separate from the payroll deduction program, you are responsible for notifying Axiom.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### Rate information:

*Individual monthly membership - \$19.95+tax=\$21.15*

*Each additional member is also \$21.15 per month*

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### For Office Use Only

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_ Date sent to Payroll: \_\_\_\_\_

Payroll Representative: \_\_\_\_\_ Date Processed: \_\_\_\_\_