

**Martin County School District
DEDUCTION AUTHORIZATION FORM
MARTIN MEMORIAL WELLNESS CENTER**

RATES EFFECTIVE September 1st, 2007

<u>MONTHLY RATES</u>	<u>DEDUCTION PER PAY PERIOD</u>
EMPLOYEE ONLY - \$34.00	\$15.69 _____
EMPLOYEE + 1 FAMILY MEMBER - \$54.00	\$24.92 _____
ADD'L FAMILY MEMBERS - \$12.00@	\$5.54@ _____
TOTAL DEDUCTION PER PAY PERIOD =	\$ _____

Indicate authorized deduction amount by X in space provided.

In the event that the amount deducted from any given paycheck is less than the amount due, I understand I am obligated to pay the difference directly to MMWC. The deduction schedule is based on collecting the membership fee in bi-weekly checks. If a paycheck is not received for any reason, the unpaid amount will be due directly to MMWC. I authorize the amount indicated above to be deducted from my paycheck each pay period until I notify MMWC and Payroll in writing of my desire to cancel the deduction.

Print Name _____ Date _____

Signature _____ Work Site _____

Employee ID or SS # _____

Original: Member's File Fax Copy: 223-5676

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