

Employee Voluntary Payroll Deduction Authorization for Fitness Center Usage Fee

Employee Name (please print)			
	Per pay amount	to stop when I contact you to cancel the deduction.	
Description Fitness Center usage fee	(2 x month): \$4.33 *	deduction.	
With my signature I am authorizi	ing a voluntary deducti	on from my paycheck of the above-	noted amount.
		*Cost number: 111-46400	-299-9700-000
This deduction should begin with	n the 1st or	2 nd pay in(month)	
Signature		 Date	

Please forward to: HR Office Department Room 103, Brickman Center, Bryn Athyn, PA 19009