

HINDS COMMUNITY COLLEGE

**EMPLOYEE
PAYROLL DEDUCTION AUTHORIZATION FORM**

Membership type: individual (\$10/mos.) couple (\$20/mos.)

I authorize Hinds Community college to deduct \$____ from my payroll check for my Fitness Center dues. The \$____ represents the monthly dues applicable to the membership type selected for use of the Fitness Center. This deduction will continue until such time that I decide to change or terminate my membership. I understand that I must provide the Fitness Center:

- 1). with **written notice** to facilitate any change in membership.
- 2). that all transactions regarding payroll deduction require a **30 day written notice** including upgrades and terminations.
- 3). that any upgrades to membership will require payment at the time the request is made to be activated. These payments will **not** be prorated.

In the event that there is a future rate increase authorized by the President of Hinds Community College, I authorize the membership deduction to continue at the prevailing rate. **Should I choose to end my membership, I agree to provide the Fitness Center with a 30 day written notice.**

In the event that I end my employment with Hinds Community College, the payroll deduction option for the Fitness Center ends at that time as well.

Name (please print)

I.D. #

Signature

Date