

Start Date:

## Snow College (Richfield) – SnowFit/Gym Membership Payroll Deduction Authorization

EMPLOYMENT TYPE		
FULL-TIME	PART-TIME (HOURLY/ADJUNCT*)	
I hereby authorize an automatic payroll deduction in the amount indicated below from each monthly paycheck. This will be done until I personally inform the Human Resource/Payroll Office in writing to cancel payment to the Activity Center, two weeks prior to the payroll date.		
GYM SELECTION		
EMPLOYEE	SPOUSE (or One Dependent)	SNOWFIT (FitBit Device Purchase)
IMPACT HEALTH & FITNESS \$5.00  LIFETIME FITNESS \$5.00	IMPACT HEALTH & FITNESS \$27.00 LIFETIME FITNESS \$20.00	\$15.00/3 Months
NAME:	BANNER ID:	
ADDRESS:	CITY:	ZIP:
EMAIL:	TELEPHONE: —	
Name of dependent for gym membership:  (Living in the same household, who are immediate family & can be claimed as dependents as per IRS standards.)		
SIGNATURE: DATE:		
* The Richfield employee gym membership is a taxable benefit, so you will see the amount of your monthly membership fees paid by Snow College included on your W-2 tax statement. For dependent gym memberships, just the difference between the full price rates and the discounted rates negotiated by Snow will be taxable.		

End Date: