



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

EMPLOYMENT TYPE	
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> 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)
<input type="checkbox"/> IMPACT HEALTH & FITNESS \$5.00	<input type="checkbox"/> IMPACT HEALTH & FITNESS \$27.00
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.*

For Office Use Only	
Start Date:	End Date: