



**CULLMAN WELLNESS & AQUATIC CENTER**  
**EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION**

NAME \_\_\_\_\_ BADGE # \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

**CHECK TYPE OF MEMBERSHIP**

IND FULL \_\_\_\_\_ \$44.55    IND FITNESS \_\_\_\_\_ \$34.65    IND AQUATICS \_\_\_\_\_ \$34.65  
COUPLES FULL \_\_\_\_\_ \$59.45    COUPLES FITNESS \_\_\_\_\_ \$49.50    COUPLES AQUATICS \_\_\_\_\_ \$49.50  
FAMILY FULL \_\_\_\_\_ \$64.35    FAMILY FITNESS \_\_\_\_\_ \$54.45    FAMILY AQUATICS \_\_\_\_\_ \$54.45

EFFECTIVE DATE \_\_\_/\_\_\_/\_\_\_

PRO-RATE ( )YES ( )NO

I AM CURRENTLY BEING DEDUCTED ( )YES ( )NO

I hereby authorize my employer to deduct dues in the amount I have indicated above from my payroll check. I understand that if negative earnings occur at any point, the payroll deduction privilege will be terminated and any sums which have become due and payable must be made current. I understand that these rates include my employee discount and no additional discounts apply.

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EMPLOYEE SIGNATURE

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HR/PAYROLL SIGNATURE