



## Employee Fitness Center Use Application

### Payroll Deduction Form

**Employee Rate \$9.99 per pay period  
(This rate is for a "sole" employee)**

**Method of Payment:** Complete this form and take it to Human Resources (located in the Henry Moses Building, 2nd Floor) for processing.

Payroll Deduction  
Credit the account of Student Life (110000-302300-580510-04)

Name \_\_\_\_\_ College M Number: \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Department \_\_\_\_\_

Building \_\_\_\_\_

---

### Payroll Deduction Authorization Agreement

I, the undersigned agree to allow Meharry Medical College to deduct \$9.99 per pay period from my salary as payment for Recreation Fees for the Ross Fitness Center.

Signature: \_\_\_\_\_ Date \_\_\_\_\_