

**Emporia Fitness & City of Emporia Corporate Membership**

Corporate Member

Employee Name: \_\_\_\_\_

City of Emporia Employee ID Number: \_\_\_\_\_

I agree to the City of Emporia doing an automatic payroll deduction for the amount of  
\_\_\_\_\_ 2 times per month.

I agree to this deduction starting on the date of

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I authorize the City of Emporia to deduct the previous stated amount from my payroll to pay for  
my Corporate Membership to Emporia Fitness.

By my signature I acknowledge the following:

- This deduction will remain in effect until canceled by the employee.
- Deductions are taken in the month prior to the membership month to be paid (e.g. January deductions are for February membership).
- It is my responsibility to contact HR to cancel this deduction in a timely manner so that deductions are not taken for a canceled membership.
- The City is not responsible for incorrect or excessive deductions or payments made to Emporia Fitness due to my failure to notify HR of a cancellation or change in membership. Corrections in payments are between the employee and Emporia Fitness.

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