

Covenant Health Membership Payroll Deduction

I authorize Covenant Health, LifeStyle Centre Fitness Program to deduct appropriate fees from two pay periods each month. This deduction will continue to be made until I discontinue my membership and have done so in writing on the Membership Resignation Form. I understand that these fees entitle me and my family members enrolled in the program the use of the FitLinxx program. Aerobics, Racquetball, Pool and all exercise equipment and weights.

Each employee is \$15.00 per pay period. Your spouse or child (age of children able to join are between the ages of 12-21) are an additional \$15.00 per pay period. The next additional children will be considered free. Your maximum would be a total of \$30.00 per pay period.

Please print below

Employee: _____ Dept. _____

Employee ID# _____ Ext. _____

Family members to be included:

Spouse: _____

Children: *(age of children able to join are between the ages of 12-21)*

1. _____ age: _____ 2. _____ age: _____

3. _____ age: _____ 4. _____ age: _____

Employee Signature: _____ Date _____

Employee _____ \$15.00 (pp) Spouse or Child _____ \$15.00 (pp)

- I am aware that the Lifestyle Centre will be unable to place this membership on hold

Total: _____ (per pay period)

Deduction is subject to change due to rate increase.