

Payroll Deduction Authorization

I _____ (Employee) hereby authorize Cooper Union to take deductions from my paycheck in the amount of _____ per paycheck for a period of up to 12 months. Further, I recognize that these deductions are in repayment of my membership dues at the New York Health & Racquet Club for participation in the employee fitness program. Further, I understand that I am committed to the program for a period of _____ months from the start date of my membership.

Social Security

Employee ID#

Department #

Corporate Membership Rider

Employee acknowledges that Cooper Union has paid for Employee's membership and as such any refunds or credits from membership shall be paid directly to the Employer and Employee shall not have any interest in any such refunds or credits. Further, Employee acknowledges that any fees incurred from any membership transactions, including cancellation, are the responsibility of the Employee. In the event of cancellation, where applicable fees are withheld from any refund amount due the Employer, Employee agrees to pay these aforementioned fees, in full, directly to the Employer upon the discontinuance of Employee's membership

Employee Name

Employee Signature

Date

Addendum for Spouse/Dependent Participation

If the above authorization for paycheck deductions is in payment of membership dues for a spouse or dependent please list the individuals name and relation to you.

Name _____

Relation to employee _____

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