Wellness Center Deduction Authorization

Employee Membership is Free with presentation of a current SWOSU ID

I, _____, hereby authorize a payroll deduction for the Wellness Center Membership of:

- ☐ $20.00 per month for (SWOSU) non-employee spouse
- ☐ $20.00 per month for one child (16 to 18 years old only)
- ☐ $45.00 per month for spouse and child/children 16 to 18 years old

Name of Spouse_____

Name of Child(ren) _____

Signature_____Date_____

CANCELLATION

I, _____, hereby request to cancel my payroll deduction for the Wellness Center Membership for my spouse/children.

Signature_____Date_____

To process for payroll deduction, please return signed form to Human Resources Office, ADM 101.