

# Payroll Deduction Authorization

## Adult Fitness

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

CSU ID Number: \_\_\_\_\_

Today's Date \_\_\_\_\_

I hereby authorize Colorado State University payroll office to withhold from my payroll check the amount entered below and pay the sum without responsibility for its application to my Adult Fitness account. Furthermore, I understand that this deduction is revocable or changeable at any time I so desire.

Effective: \_\_\_\_\_, of 20 \_\_\_\_\_.

Amount of Deduction: (Circle the one that applies)

Single rate: \$20.00

Couple rate: \$45.00

Family rate: \$60.00

\_\_\_\_\_  
**Authorized by**

\_\_\_\_\_  
**Signature of Member**

Please return this form to an Adult Fitness staff member