

New Member

Or

Rate Change



**CORPUS CHRISTI
ATHLETIC CLUB**

**Tuloso-Midway
Independent School District
Payroll Deduction Authorization**

Employee Name: _____
(Please Print)

Social Security #: _____ Date: _____

Monthly payroll deduction:	
	Monthly Rate*
_____ Single Participant	\$57.06
_____ Couple Participant	\$76.55
_____ Family Participant	\$90.62
*Or prevailing rates set by the Corpus Christi Athletic Club	

Please payroll-deduct the amount indicated above as my cost to participate in the Corporate Wellness Program at the Corpus Christi Athletic Club. I understand a 30-day written notification must be given to **BOTH** the Corpus Christi Athletic Club **AND** to my employer to cancel my Corporate Wellness Program and stop my deductions.

Signature: _____

Please read and initial next to each of the following:

- Some activities may require additional costs (i.e. Karate, Gymnastics, Personal Training, Etc.) and cannot be payroll deducted. These charges must be paid to the Corpus Christi Athletic Club directly. You will receive a monthly statement for the charges.
- To cancel participation in the Corporate Wellness Program, a 30-day written notification must be given to the Corpus Christi Athletic Club and my employer.
- Any changes on membership (addition or deletion of family members) must be completed at the Corpus Christi Athletic Club.

Corpus Christi Athletic Club • P O Box 8150 • Corpus Christi TX 78468-8150
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e-mail: nmanrod@ccathleticclub.com • website: www.ccathleticclub.com

For Human Resources Use Only

Date received: _____ By: _____
Processed to payroll _____ By: _____
Deduction amount of \$ _____ To start with period _____
Processed by HR: _____ Date: _____