



Date: _____

LSU Health Shreveport Fitness Zone
Membership/Annual Dues Payroll Deduction

Name:

Last

First

Middle Initial

Please check one: ☐ Faculty ☐ Staff ☐ House Officer

Employee ID#: _____ Department: _____

I authorize LSU Health Shreveport Payroll Department to deduct from each paycheck monthly (first pay period) (nonrefundable) the amount below for membership to Fitness Zone facilities. Enrollment prior to the 15th of the month will begin deduction the following month. Enrollment on the 16th of the month or later will begin deduction on the second month following application.

Please check one:

Faculty

☐ \$30/month (Annual membership fee must be paid separately)

☐ \$35/month (Annual membership fee prorated and included)

**Signature below acknowledges the member commits to minimum 12 months of payroll deduction to choose this option. If member cancels prior to 12 months, the remaining annual fee balance will be due in full at the time of cancellation.*

Staff

☐ \$25/month (Annual membership fee must be paid separately)

☐ \$28/month (Annual membership fee prorated and included)

**Signature below acknowledges the member commits to minimum 12 months of payroll deduction to choose this option. If member cancels prior to 12 months, the remaining annual fee balance will be due in full at the time of cancellation.*

House Officers

☐ \$12.50/month

Signature _____

PLEASE RETURN COMPLETED FORM TO FITNESS ZONE FRONT DESK

-FOR USE BY PAYROLL DEPARTMENT ONLY-

Deduct No. _____ Account No. GEN037

Pay Type _____ Type Deduction _____