

WPI

Salary Deduction Form for Worcester Fitness Membership

By this agreement, made between _____ and WPI, we agree as follows:
(Name)

Effective for amounts paid on or after _____ the following amount will be deducted from the employee's salary as indicated below.

This agreement shall be legally binding and irrevocable as to each of the parties hereto for one year. If employment is terminated before the entire membership amount has been deducted from the employee's salary, the remaining amount will be deducted from the employee's final paycheck from WPI.

The amount of the salary deduction shall be:

Single Membership:

_____ \$ 45.00(monthly) _____ \$ 22.50 (biweekly)

Couple Membership:

_____ \$ 70.00(monthly) _____ \$ 35.00 (biweekly)

Family Membership:

_____ \$ 99.00(monthly) _____ \$ 49.50 (biweekly)

Employee Signature

Date

Human Resources Signature

Date

** To enroll or renew as a member at Worcester Fitness, present a copy of this form along with your WPI ID at the Worcester Fitness located at 440 Grove Street, Worcester.