

SOUTHEAST ARKANSAS COLLEGE
AUTHORIZATION



PAYROLL DEDUCTION

Employee Name _____ Department _____

New Enrollment

Cancellation of Membership

I authorize and direct Southeast Arkansas College to reduce my compensation and to contribute stated amount on my behalf to JRMC Wellness Center, Pine Bluff, AR. Please select correct membership rate:

<u>Check One</u>	<u>Monthly Membership</u>	<u>Payroll Deduction</u>	<u>Payroll Effective Date</u>
<input type="checkbox"/> Individual	\$40	\$20.00	_____
<input type="checkbox"/> Individual+1	\$50	\$25.00	_____

I understand that applicable joining fees, pro-rated monthly fees for the month during which I join, will be collected by the JRMC Wellness Center at the time of joining.

Employee Signature

Date

Personnel

Date

Wellness Center Staff

Date