

# PAYROLL DEDUCTION AUTHORIZATION



I authorize Payroll to deduct \$26.00 from my paycheck for the next 6 paychecks to cover the \$156 cost to attend 12 weekly Weight Watchers meetings.

I understand that if my employment is terminated with my employer prior to finalizing the \$156 payment, the remaining amount would be deducted from my final paycheck. I also understand that by signing this form I am obligated to continue \$26.00 payments even if I do not attend all of the weekly meetings.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Work Phone Extension

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Authorization

**Please select the Weight Watchers offering you would like to participate in:**

\_\_\_\_\_ At Work meetings