



Authority To COMMENCE Payroll Deduction

First Name: _____

Surname: _____

Department: _____

Phone Number: _____

Email: _____

Employee No. _____

ID Card No. _____

(1st 5 digits on the back of Proximity card)



Using code 4704: Please deduct **\$32.00 fortnightly** from my pay each period until advised otherwise. This payment to be deducted beginning the next scheduled pay run.



Please deduct **\$32.00 fortnightly** from my Hudson Institute of Medical Research pay each period until advised otherwise. This payment to be deducted beginning the next scheduled pay run.

This deduction authority is to take effect from: (date) _____

Employee Signature: _____

Date: _____

HFC Staff Signature: _____

Date: _____

How did you hear about Healthwise Fitness?

Corporate Induction

In-services

Word of Mouth

Website

Intranet

Flyers/signs

Other.....

Have you been a member of Healthwise Fitness before? New Member

Previous Member

Have you been referred by a friend or family member? Yes

No

If yes, please name the member: _____