



**Salt River
Pima-Maricopa Indian Community
FINANCE DEPARTMENT**

10005 E. Osborn/ Scottsdale, Arizona 85256-9722 / Phone (480) 362-7715

Employee #:

AUTHORIZATION FOR PAYROLL DEDUCTION for:
Scottsdale Community College Fitness Center Membership Dues

I, _____, hereby authorize the Salt River Pima-Maricopa Indian Community Finance Department, Payroll section to deduct:

Amount: \$ 8.75, For: **Scottsdale Community College's Fitness and Wellness**
from my bi-weekly paycheck, beginning on pay period ending _____.

This amount should not exceed \$ 17.50 per month.

This deduction shall remain in effect until the employee requests a change be made.

Employee Signature

Date

Payroll Representative Signature

Date

Employee: Once you have submitted this Payroll Deduction Authorization to Payroll, please contact the WellPath Coordinator, Andy Weiler at 480-362-2673 or Andrew.weiler@srpmic-nsn.gov to schedule an orientation and complete the enrollment process to use Scottsdale Community College's Fitness & Wellness Center.