

**CITY OF PORT ST. LUCIE
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM**

Port St. Lucie Civic Center Membership

I, _____ HEREBY GIVE THE CITY OF PORT ST. LUCIE AUTHORIZATION TO DEDUCT THE COST OF THE CIVIC CENTER MEMBERSHIP FROM MY BI-WEEKLY PAYCHECK AS FOLLOWS:

	QTY	MEMBERSHIP TYPE	DEDUCTION AMOUNT	TOTAL
YOUTH		MONTHLY	(\$10.65) Bi-Monthly	\$
		YEARLY	(\$191.70) One-Time	\$
ADULT		MONTHLY	(\$14.91) Bi- Monthly	\$
		YEARLY	(\$306.72) One-Time	\$
2nd ADULT		MONTHLY	(\$11.93) Bi- Monthly	\$
		YEARLY	(\$245.38) One-Time	\$
STUDENT/SENIOR		MONTHLY	(\$12.78) Bi- Monthly	\$
		YEARLY	(\$255.60) One-Time	\$
FAMILY		MONTHLY	(\$55.38) Bi- Monthly	\$
		YEARLY	(\$1,278.00) One-Time	\$
TOTAL				\$

Membership effective 1st of the month following date signed below.

I understand that any outstanding balance will be deducted from my final paycheck, should my employment end during the deduction period.

Employee Signature _____
Date

City Representative: _____



For HR Use Only:

Emp # _____

Sent to Finance on _____ Effective date: _____