



SOUTH CENTRAL EDUCATION SERVICES

Payroll Deduction Authorization

LAST Name	FIRST Name	MI	Date of Birth / /	Gender (Circle one) Male / Female
Street Address		City		State Zip
Email Address		Home Phone		Cell Phone

Please choose:

	Membership Class	Total Per Year	Total Per Month	Enrollment Fee
<input type="checkbox"/>	Single	\$366	\$30.50	\$25.00
<input type="checkbox"/>	Couple (2 total)	\$540	\$45.00	\$25.00
<input type="checkbox"/>	Family (3 or 4 total)	\$660	\$55.00	\$25.00

- *Couple is Mr. and Mrs. Or 1 parent and 1 dependent.
- *Family includes up to 4 people. Additional dependents \$10 per person per month (\$120 year).
- *Eligible additional members include spouse or dependent children age 14-22 who currently reside with you.
- *Enrollment fee must be paid at first visit to SOMC LIFE Center.
- *Enrollment fee must be re-paid if membership has been cancelled or expired for 30 days or more.

ADDITIONAL MEMBERS

LAST Name		FIRST Name
Date of Birth / /	Gender M / F	Relation

LAST Name		FIRST Name
Date of Birth / /	Gender M / F	Relation

LAST Name		FIRST Name
Date of Birth / /	Gender M / F	Relation

LAST Name		FIRST Name
Date of Birth / /	Gender M / F	Relation

I authorize my employer to deduct the above membership selection, I also understand this is a written commitment for a continuous membership fee. This authorization will continue to be valid for subsequent years unless otherwise stated per written letter from employer. Upon termination of my employment with this company, I understand that to continue my membership I must pay the remaining balance to the SOMC LIFE Center otherwise, my membership will be cancelled. I understand I can only make changes to my membership during the open enrollment periods which are January and July.

Employee Signature

Date