



ROBSTOWN ISD
WELLNESS PROGRAM
PAYROLL DEDUCTION AUTHORIZATION FORM
For Landshark Fitness

I am a member of Landshark Fitness. You are hereby authorized to deduct my monthly membership dues from payroll. Dues will be deducted from paychecks monthly as followed:

Membership Type:

___ \$13.47 (\$14.58) Single Membership bi-weekly

___ \$26.00 (\$28.14) Family of 2 Membership bi-weekly

___ \$32.00 (\$34.64) Family of 3 Membership bi-weekly

Each additional child is \$21.54 (\$23.32) per month

Signature

Date

Print Name

Social Security No.

Employee No.