



NINE MILE FALLS SCHOOL DISTRICT 325/179

10110 West Charles Road, Nine Mile Falls, WA 99026
(509) 340-4300 FAX (509) 340-4301

Brian Talbott, Superintendent



To: Nine Mile Falls School District Payroll Office
From: Participating Employee

I hereby authorize the Nine Mile Falls School District to deduct from my wages each month \$_____ plus Washington State sales tax for payment of dues to **Muv Fitness**. The grand total is \$_____.

An annual maintenance fee of \$35 plus tax per person will be deducted 90 days after I have been a member and will re occur once per year on the same date until membership is cancelled.

All authorizations are due in the payroll office by the 10th of the month in order to be included on that month's payroll.

Date

Signature

Please Print Name Here