

HEALTHWISE FITNESS

CLAYTON-P: 9594 1762 E: gymnasium@monashhealth.org



Authority To COMMENCE Payroll Deduction

First Name: _____ Surname: _____

Department: _____ Phone Number: _____

Email: _____

Employee No. _____ ID Card No. _____
(1st 5 digits on the back of Proximity card)



Please deduct **\$29.90 fortnightly** from my Hudson Institute of Medical Research pay each period until advised otherwise. This payment to be deducted beginning the next scheduled pay run.

This deduction authority is to take effect from: (date) _____

Employee Signature: _____ Date: _____

HFC Staff Signature: _____ Date: _____

How did you hear about Healthwise Fitness?

☐ Corporate Induction
☐ Website

☐ In-services
☐ Intranet

☐ Word of Mouth
☐ Flyers/signs

Other.....

Have you been a member of Healthwise Fitness before? New Member ☐ Previous Member ☐

Have you been referred by a friend or family member? Yes ☐ No ☐

If yes, please name the member: _____