



CITY OF BAYTOWN

PAYROLL DEDUCTION AUTHORIZATION FORM
(BAYTOWN EMPLOYEE WELLNESS CENTER)

Missed Appointment Payment Authorization

DATE: _____

EMPLOYEE: _____
PLEASE PRINT NAME

EMPLOYEE ID# _____

PATIENT NAME: _____

I authorize The City of Baytown to deduct \$20.00 from my upcoming paycheck. I understand this \$20 payment is being deducted due to a prior missed appointment by the above patient. This payment allows the above named patient to receive treatment from the Wellness Center and removes the patient's blocked status. If I leave prior to reimbursement, it will be deducted from my final pay. I understand if I fail to pay I will not be eligible for rehire until my debt with the City has been settled.

Employee Signature

Date

TO WHOM IT MAY CONCERN: The above referenced employee has received service at the Baytown Employee Wellness Center.

Center Staff Signature

Date