



CITY OF BAYTOWN

PAYROLL DEDUCTION AUTHORIZATION FORM
(BAYTOWN EMPLOYEE WELLNESS CENTER)

Non-Insured Employee Visit Payment Authorization

DATE: _____

EMPLOYEE: _____
PLEASE PRINT NAME

EMPLOYEE ID# _____

DEPARTMENT: _____

I authorize The City of Baytown to deduct \$50.00 from my upcoming paycheck. This \$50 co-pay is for City employees who did not elect City medical insurance to use the Baytown Employee Wellness Center for a single visit. 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