

MEMBERSHIP # _____

EMPLOYEE ALLOTMENT AGREEMENT FORM

For Fitness Center Fees

NAME: _____
(Last) (First) (MI)

Social Security #: _____ Your Grade Level: GS- _____

Annual Fee: \$ _____ Amount Deducted per Pay Period: \$ _____
(See chart below) (See chart below)

Account Identifier: **Engraving and Printing Federal Credit Union**

Routing #: **254074222** Fitness Center Account #: **100840800** Account Type: **Savings**

FISCAL YEAR 2005 MEMBERSHIP FEES:		
<u>GS LEVEL</u>	<u>ANNUAL FEES</u>	<u>BI-WEEKLY FEES</u>
GS-6 AND BELOW.....	\$ 32.....	\$1.23
GS-7 TO GS-10.....	\$ 85.....	\$3.27
GS-11 TO GS-12.....	\$140.....	\$5.38
GS-13 TO GS-15.....	\$180.....	\$6.92
SES's.....	\$240.....	\$9.23

Privacy Act Statement

Section 5525 of the Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that Fitness Center Membership Fees be deducted from your pay and to notify the **Fitness Center** of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) and other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that employee allotments cannot be processed.

I hereby agree to establish an allotment through the Employee Express to deduct from my pay each pay period the certified amount above as the regular bi-weekly fee for my fitness center membership. This bi-weekly fee will be deposit into the Fitness Center bank account, using the process designated by my employing agency.

I understand that this agreement for a bi-weekly deduction through the Employee Express will become effective the pay period following my authorization (via sign-up as designated by my employing agency). **I further understand that in order to cancel my voluntary allotment, I must provide a written cancellation request, approved and signed by an authorized Fitness Center staff, PRIOR to canceling my allotment through the Employee Express.**

I _____, agree to the financial terms for membership and certify that all (APPLICANT'S SIGNATURE) information contained within this Agreement is accurate.

Date: _____

_____ I certify that the above Member is entitled to all privileges set forth for (FITNESS STAFF SIGNATURE) membership to the Fitness Center as stated in the Fitness Center Membership Agreement.

Date: _____

Membership # _____

Staff Initials received by _____