

# ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS

## ADIT

### SERVICE FEES DEDUCTION AUTHORIZATION

**FOR: Park Nicollet Methodist:**

I hereby authorize and direct my employer, Park Nicollet Methodist Hospital designated below, to deduct from my salary and to pay to the Association of Diagnostic Imaging Technologists (ADIT) the service fees designated below. If I am working 80 hours per pay period and receiving full-time benefits, the service fees deduction per pay period will be \$14.00. If I work part-time, scheduled 64 to 79 hours per pay period, the service fees deduction per pay period will be \$10.00. If I work part-time, scheduled less than 64 hours per pay period, the service fees deduction per pay period will be \$7.00. If I work casual (no regularly scheduled hours), the service fees deduction per pay period worked will be \$2.50.

I further authorize a one-time deduction of \$20.00, to be paid to ADIT, as an initiation fee. I will not have to pay an initiation fee, if I work casual.

I agree that if I resign my membership in ADIT, but continue to work for my employer, the amount set forth above will be deducted from my salary and paid to ADIT for the services provided by ADIT unless applicable federal or state laws permit me to pay a lesser amount.

This Authorization shall be altered in accordance with my employment status (full-time, part-time, or casual) when the Hospital gives ADIT written notice and the change will be effective the next pay period.

_____	Hospital: _____
<b>(Print Employee's Name)</b>	Date: _____
_____	Date of Hire: _____
<b>(Employee's Signature)</b>	<b>Classification: (Please Check One)</b>
_____	Diagnostic Imaging _____
<b>(Employee's Street Address)</b>	CT _____
_____	Instructor _____
_____	Cath Lab _____
<b>(Employee's City, State and Zip Code)</b>	MRI _____
_____	CT and MRI _____
<b>(Employee's Home Telephone # - with Area Code)</b>	Sonography _____
	Date of Status Change: _____
	Total Hours per Pay Period: _____

**The Hospital should send copies of this Authorization to:**

ADIT  
13750 Crosstown Drive NW Suite 108  
Andover, MN 55304-5855  
763-213-8252 (Office)  
763-753-7463 (Fax)

\*Revised 01-08