

ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS
ADIT
SERVICE FEES DEDUCTION AUTHORIZATION

FOR: Methodist Hospital

I hereby authorize and direct my employer, **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.

<p>_____</p> <p>(Print Employee's Name)</p> <p>_____</p> <p>(Employee's Signature)</p> <p>_____</p> <p>(Employee's Street Address)</p> <p>_____</p> <p>(Employee's City, State and Zip Code)</p> <p>_____</p> <p>(Employee's Home Telephone Number-Including Area Code)</p>	<p>Hospital: _____</p> <p>Date: _____</p> <p>Date of Hire: _____</p> <p><u>Classification:</u> (Please Check One)</p> <p>Diagnostic Imaging _____</p> <p>Special Imaging _____</p> <p>Ultrasound _____</p> <p>Multi-Specialty Imaging _____</p> <p>Date of Status Change: _____</p> <p>Total Hours per Pay Period: _____</p>
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The Hospital should send copies of this Authorization to the following:

ADIT
2351 180th Avenue Northwest
Andover, MN 55304-1368
763-213-8252
763-753-7463 (Fax)