

**ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS**  
**ADIT**

**SERVICE FEES DEDUCTION AUTHORIZATION**

I hereby authorize and direct my Employer (Essentia Health-Virginia) to deduct from my wages, a one-time initiation fee as a new employee of Essentia Health-Virginia Hospital, to be paid directly to the Association of Diagnostic Imaging Technologists (ADIT) on my behalf in accordance with the terms of the Collective Bargaining Agreement between the Employer and ADIT. The amount of the one-time initiation fee has been authorized in accordance with the Constitution and Bylaws of ADIT (voted upon by our ADIT Membership).

I further authorize and direct my employer to deduct a service fee per pay period from my wages, to be paid directly to ADIT on my behalf in accordance with the terms of the Collective Bargaining Agreement between the Employer and ADIT. The amount of this service fee has been authorized in accordance with the Constitution and Bylaws of ADIT (voted upon by our ADIT Membership).

I agree that if I resign my membership in ADIT, but continue to work for my employer, in an ADIT bargaining unit position, the amount set forth will be deducted from my wages 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 or Part-time) when the Hospital gives ADIT written notice and the change will be effective the next pay period.

(Print Employee's Name)	Date: _____
(Employee's Signature)	Date of Hire: _____
(Employee's Street Address)	<u>Job Category: (Please Check One)</u>
(Employee's City, State and Zip Code)	Diagnostic Sonographer _____
(Employee's Telephone Number)	Histology Technician _____
	Medical Lab Technician _____
	Nuclear Medicine Technologist _____
	Polysomnographic Technologist _____
	Radiologic Technologist _____
	Respiratory Therapist _____
	Surgical Assistant _____
	Surgical Technologist _____

Total Hours per Pay Period: \_\_\_\_\_

**Send or fax a copy of this Authorization to:**  
ADIT  
13750 Crosstown Drive Northwest  
Suite 108  
Andover, MN 55304-5855  
Office: 763-213-8252  
Fax: 763-753-7463