

**ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS**  
**ADIT**  
**SERVICE FEES DEDUCTION AUTHORIZATION**

I hereby authorize and direct my Employer **(United Hospital)** to deduct from my wages, a one-time initiation fee as a new employee of United 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. I will have to pay an initiation fee. 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 is being provided in accordance with applicable federal or state laws as a condition of your employment with United Hospital. This Authorization shall be modified in accordance with my employment status (Full-time, Part-time, Per Diem, or Casual) when the Hospital gives ADIT written notice and the change will be effective the next pay period. This Authorization shall be modified if the membership fees have been amended by our membership when ADIT gives United Hospital written notice.

\_\_\_\_\_  
(Print Employee's Name) Hospital: \_\_\_\_\_

\_\_\_\_\_  
(Employee's Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Employee's Street Address)

\_\_\_\_\_  
(Employee's City, State, and Zip Code)

\_\_\_\_\_  
(Employee's Telephone Number)

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

Date of Hire: \_\_\_\_\_

Classification: (Please Check One)

- Cardiovascular Technologist
- CT Technologist
- CV Radiology Technologist
- Diagnostic Imaging Technologist
- Diagnostic Sonographer
- Dietary Tech
- Hybrid Tech
- IR Technologist
- Mammography Technologist
- MRI Technologist
- Multi-Specialty Tech
- Neurodiagnostic Tech II
- Nuclear Medicine Tech
- Occupational Therapy Assistant
- Operating Rm Instrument Rm Coordinator
- Physical Therapy Assistant
- Respiratory Therapist
- Surgical Technologist

**Send a copy of this Authorization to:**

ADIT  
807 Broadway Street NE  
Suite 127  
Minneapolis, MN 55413  
Office: 763-213-8252 Fax: 763-753-7463