



Employee ID Number: \_\_\_\_\_

Employee Contact #: \_\_\_\_\_

## Weight Watchers Payroll Deduction Form

Please select one option:

### 1. Monthly Pass (At-Work/Community Meetings)

\_\_\_\_\_ I authorize City of Dallas to deduct \$ 15.98 per pay period from my bi-weekly check to cover the \$ 31.95 per month cost to participate in the Weight Watchers Monthly Pass Program.

### 2. Weight Watcher's Online Program

\_\_\_\_\_ I authorize City of Dallas to deduct \$ 7.18 per pay period from my bi-weekly check to cover the \$ 14.36 per month cost to participate in the online Weight Watchers Program.

I understand that by signing this form I am agreeing to continue payroll deductions for participation in the Weight Watchers Program until I complete the Weight Watchers cancellation payroll deduction form. I acknowledge that the City of Dallas will deduct the stated amount from my paycheck through payroll deduction.

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Internal Use Only**

Input by Benefits Service Center Representative \_\_\_\_\_

Date \_\_\_\_\_



## Weight Watchers Payroll Deduction Cancellation Form

Please bring or email this form to the Benefits Service Center Representative located at 1500 Marilla, 1 DS.

**Please initial your understanding of the following:**

\_\_\_\_\_ I authorize City of Dallas to discontinue Payroll Deduction for Weight Watchers Meetings with monthly pass or online Weight Watchers Program effective \_\_\_\_\_(Date).

\_\_\_\_\_ I understand that by signing this form I am authorizing City of Dallas Benefits Service Representative to deactivate my status as an eligible City of Dallas Weight Watchers Meetings with Monthly Pass membership or online Weight Watchers Program.

\_\_\_\_\_ I understand that it is my responsibility to also complete the Weight Watchers cancellation process by going to [www.weightwatchers.com/monthlypasscancellation](http://www.weightwatchers.com/monthlypasscancellation) or call Weight Watchers Customer Service at 1-800-651-6000.

**Note:** Please provide a 30 day notice in order to process your cancellation through payroll deduct.

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Employee Contact # \_\_\_\_\_

**Internal Use Only**

Cancellation Process initiated by Benefits Service Center

Representative \_\_\_\_\_ Date \_\_\_\_\_