

## Initiation Fee Authorization Form

An initiation fee of \$150.00 is required to be a member of Henry Ford College Support Staff Association (henceforth referred to as "HFC-SSA"). This fee must be paid within one year of your start in the HFC-SSA.

Total Amount Due: \$150.00

I hereby assign to the HFC-SSA from any current or future earnings as a Henry Ford College (henceforth referred to as "HFC") employee (in my present position or in any future position as a HFC employee while a member of the HFC-SSA) such sums as the Financial Officer of HFC may certify as due to the HFC-SSA to satisfy a one-time initiation fee being one hundred fifty dollars (\$150.00 USD).

Effective with the payroll date of: \_\_\_\_\_, I authorize and direct HFC to deduct \$6.00 every bi-weekly pay period until the total amount of the initiation fee is paid in full. Such amounts will be deducted from my pay and remitted to the HFC-SSA at such times and in such manner as may be agreed upon between HFC and the HFC-SSA at any time while this authorization is in effect.

Effective with the payroll date of: \_\_\_\_\_, I authorize and direct HFC to deduct \$10.00 every bi-weekly pay period until the total amount of the initiation fee is paid in full. Such amounts will be deducted from my pay and remitted to the HFC-SSA at such times and in such manner as may be agreed upon between HFC and the HFC-SSA at any time while this authorization is in effect.

Effective with the payroll date of: \_\_\_\_\_, I authorize and direct HFC to deduct \$15.00 every bi-weekly pay period until the total amount of the initiation fee is paid in full. Such amounts will be deducted from my pay and remitted to the HFC-SSA at such times and in such manner as may be agreed upon between HFC and the HFC-SSA at any time while this authorization is in effect.

Effective with the payroll date of: \_\_\_\_\_, I authorize and direct HFC to deduct a one-time payment in the full amount of \$150.00.

---

Signature

Date

---

Type or Print Name of Employee

HANK ID Number

---

Address

City

State

Zip

*Please return this form to: Joni Morris, HFC-SSA Treasurer, Financial Aid Office*