



**University of North Texas
Pohl Recreation Center
Payroll Deduction Summer 2017 (July Deadline)**

Receipt # _____

Employee Name _____ UNT employee ID# _____

Department/Work Place: _____ Work Phone: _____

E-mail: _____

FACULTY & STAFF OR DEPENDENT MEMBERSHIP:

Faculty/Staff Quantity	Dependent Quantity	Payroll deduction	Membership Dates	Deadline	Payroll Date deduction will begin	Payroll Date for last deduction	Amount to be deducted
		Summer 2 Only - \$39	July 9 - Aug. 11, 2017	July 13, 2017	August 1, 2017	August 1, 2017	\$39.00 (1x)

PLUS ONE MEMBERSHIP:

Quantity	Payroll deduction	Membership Dates	Deadline	Payroll Date deduction will begin	Payroll Date for last deduction	Amount to be deducted
	Summer 2 Only - \$44	July 9 - August 11, 2017	July 13, 2017	August 1, 2017	August 1, 2017	\$44.00 (1x)

Total from above: (please write total) \$ _____

Office Use Only:	<p align="center">1) _____</p> <p align="center">2) _____</p> <p align="center">3) _____</p>
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Name of person(s) being sponsored (if applicable): _____

I hereby authorize the University of North Texas Payroll Office to deduct a monthly fee from my check to pay for my Pohl Recreation Center membership. In order to cancel the deduction, I understand that I will need to contact the Recreational Sports office (Pohl Rec Center, Room 103) to sign the appropriate forms to stop my membership. I understand that cancellation of the deduction will go into effect the month after my completing all of the necessary steps with the Recreational Sports office. I understand that I must cancel the deduction through the Rec Sports Office by the 10th of the month prior in order to have the deduction stopped by the next pay period. Deductions will only be taken for those months designated in the above chart for membership dates. Payroll deduction will not continue for memberships for the next semester. Participants must fill out a payroll deduction form for each semester they would like a Rec Center membership, unless filling out one payroll deduction form for an annual membership in the fall semester.

I understand and agree that if for any reason there are insufficient funds to cover the authorized deduction in any given month, then a double deduction will take place the following month and increased deductions will continue until the amount owed is paid in full.

Signature

Date