PAYROLL DEDUCTION NOT AVAILABLE FOR 9-MONTH EMPLOYEES



Employee Name:	F	Purchase Date:	Fusion Order #:
Department:		JNT ID:	
Email:		Vork Phone:	
F/S Member Name:			
Member 2 Name:	<u> </u>	Relation:	
Member 3 Name:		Relation:	
Member 4 Name:		Relation:	
F/S Member: \$22/month Full Locker	\$5.50/moi	hth \$3.75/mon	th Towel \$2.50/month
Member 2: \$22/month Full Locker	\$5.50/mo	hth \$3.75/mon Half Locker	th Section 1.50 th Towel
Member 3: \$22/month Full Locker	\$5.50/moi	hth \$3.75/mon	th Section 1.50 th Towel
Member 4: \$22/month Full Locker	\$5.50/moi	hth \$3.75/mon' Half Locker	th State of the st
Membership Total Per Month:			
Locker Total Per Month:		Grand Total Per Month:	
Towel Total Per Month:			

Office Use O	Only: on with paycheck dated:
Grand To	otal Per Month: Total # of Deductions:
 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 and/or locker and/or towel service. 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 and/or locker and/or towel service. 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 Recreational Sports Office by the 18th 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 above. The membership will remain active and deductions will continue until canceled. I understand, based on timing of deductions, if I cancel my payroll deduction prior to any deductions being made, I will be charged for the amount of time used up to that point. 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. 	

Date:

Signature: