

PAYROLL DEDUCTION AUTHORIZATION

PRINT CLEARLY

Date: _____

Name: _____
Last First Middle

E-mail: _____ Employee UIN #: _____

Department: _____ Campus Phone: _____

Campus Address: _____

Pay Cycle (check one): Bi-weekly Monthly UI Foundation Employee

Deduction Option (check one): Single Member
 Member Plus One Two Three

Member(s): _____

Spouse/partner or adult dependent (age 18-25) deductions may be included. Children age 17 and under are not eligible.

INITIAL BELOW THAT YOU AGREE AND UNDERSTAND THE FOLLOWING CONDITIONS:

_____ I authorize the University of Illinois to deduct from my pay each pay period the amount certified as the official rate by Campus Recreation for membership. I understand that this rate is subject to change annually on August 1.

_____ I understand that my first deduction will be a full deduction.

_____ I understand that by electing payroll deduction, I am agreeing to a minimum 4-month contract and should I wish to cancel prior to 4 months, I will continue to be charged until the 4 months are reached.

_____ ***I understand that in order to terminate my payroll deduction or if my University compensation changes or stops for any reason (leave of absence, termination, etc.), I must complete the payroll deduction cancellation form. The payroll deduction cancellation form is required to be submitted a minimum of 30 days prior to the actual cancellation date. Exceptions will be made for medical reasons or relocation 25 miles or beyond (documentation required). The payroll deduction cancellation form must be submitted to Member Services (ARC or CRCE) in person or via mail, fax, or pdf copy via email. Cancellations will not be accepted by phone.***

_____ I understand that should I miss a deduction for any reason, I am still responsible for payment due. Missed deductions may result in cancellation of membership.

_____ I understand that due to payroll deadlines, I may be subject to one additional deduction following my termination date.

_____ I understand that refunds/credits will not be issued for previous deductions.

Signature: _____ Date: _____

OFFICE USE ONLY

Deduction amount: _____ Start date: _____

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