

University of Arkansas at Fayetteville

PAYROLL DEDUCTION AUTHORIZATION

Department of University Recreation

MEMBERSHIP

Employee Name (please print)		University ID / Workday ID		
Dept. BU Code []UAF [] UADA	Campus Address		Campus Phone Number	
***9 Month Appointed	1	12 Month Appointed		
processed by the payroll unit. Deduction deducted, you must pay with cash, check	ce must be paid for in conse ons <u>must be fulfilled</u> prior	secutive payments once the	the payroll deduction form is received and	
Choose one box:			_	
SEMESTER RENEWAL		ANNUAL REN	NEWAL	
Semester Membership:FallSpring	Summer	Annual	l Membership	
THIS DEDUCTION WILL BE: (Please check one of the following options)			DEDUCTION WILL BE: k one of the following options)	
Divided equally over: (2) (4) payments.		Divided equally over: (2) (4) (6) (8) Payments.		
****9 month faculty can choose a MAX				
-		=	mber. NOTE: If your employment with the all become due immediately.	
AND YET TO BE INCURRED BY UREC MEMBERSHIP IN WHICH I H	Y ME DURING THE HAVE ENROLLED. THE	ABOVE STATED TI E UNIVERSITY OF AF	YROLL CHECKS CHARGES INCURRED TERM FOR FEES RELATED TO THI RKANSAS MAY DEDUCT FROM EACH RRED FOR THE ABOVE PROGRAM	
Employee Signature				
For Departmental Use Only			_	
TOTAL COSTS:	DIVIDED BY	PAYMENTS	bi-monthly deduction amount	
Payroll Deduction is for faculty and staff n	memberships ONLY, includi	ing family, locker, and tow	vel service.	
MEMBERSHIP EXPIRATION	N DATE:		_	