



University of Arkansas at Fayetteville
PAYROLL DEDUCTION AUTHORIZATION

Department of University Recreation
MEMBERSHIP

_____ Employee Name (please print)	_____ University ID Number	
_____ Departmental BU Code	_____ Campus Address	_____ Campus Phone Number
_____ ***9 Month Appointed	_____ 12 Month Appointed	

*******9 month employees:** Payroll deductions for 9-month employees are only available after review by the Membership Coordinator. UREC memberships/locker/towel service must be paid for in consecutive payments once the payroll deduction form is received and processed by the payroll unit. **Deductions must be fulfilled prior to the start of the summer term, if the full amount can't be deducted, you must pay with cash, check or credit card.**

Choose one box:

<div style="background-color: #cccccc; text-align: center; padding: 2px;">SEMESTER RENEWAL</div> <p>_____ Semester Membership:</p> <p>_____ Fall _____ Spring _____ Summer</p> <p style="text-align: center;">THIS DEDUCTION WILL BE: (Please check one of the following options)</p> <p style="text-align: center;">Divided equally over: (1) (2) payments.</p> <p>*****9 month faculty can choose a MAXIMUM of 2 payments.</p>	<div style="background-color: #cccccc; text-align: center; padding: 2px;">ANNUAL RENEWAL</div> <p>_____ Annual Membership</p> <p style="text-align: center;">THIS DEDUCTION WILL BE: (Please check one of the following options)</p> <p style="text-align: center;">Divided equally over: (1) (2) (3) (4) Payments.</p>
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PYD form must be provided to the Payroll Office **before the 18th of each month excluding December.** **NOTE:** If your employment with the University terminates for any reason, the full amount of the unpaid fees shall become due immediately.

I AUTHORIZE THE UNIVERSITY OF ARKANSAS TO DEDUCT FROM MY PAYROLL CHECKS CHARGES INCURRED AND YET TO BE INCURRED BY ME DURING THE ABOVE STATED TERM FOR FEES RELATED TO THE HPER MEMBERSHIP IN WHICH I HAVE ENROLLED. THE UNIVERSITY OF ARKANSAS MAY DEDUCT FROM EACH OF MY MONTHLY/BI-MONTHLY PAYROLL CHECKS UNTIL THE CHARGES INCURRED FOR THE ABOVE PROGRAM HAVE BEEN SATISFIED.

_____ Employee Signature	_____ Date
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For Departmental Use Only

TOTAL COSTS: _____ **DIVIDED BY** _____ **MONTHS =** _____
monthly deduction amount

*Payroll Deduction is for faculty and staff memberships ONLY, including family, locker, and towel service.
 No fitness/wellness programs can be payroll deducted.*

MEMBERSHIP EXPIRATION DATE: _____