



University of Arkansas at Fayetteville  
**PAYROLL DEDUCTION AUTHORIZATION**

Department of University Recreation + Wellness  
**MEMBERSHIP**

\_\_\_\_\_  
**Employee Name (please print)**

\_\_\_\_\_  
**University ID / Workday ID**

\_\_\_\_\_  
**Dept. BU Code [ ] UAF [ ] UADA**

\_\_\_\_\_  
**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 UREC Office Manager. 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:**

**SEMESTER RENEWAL**

\_\_\_\_\_  
**Semester Membership:**

\_\_\_\_\_  
**Fall      \_\_\_\_\_ Spring      \_\_\_\_\_ Summer**

**THIS DEDUCTION WILL BE:**  
(Please check one of the following options)

Divided equally over:  
( 2 )      ( 4 )  
payments.

**\*\*\*\*9 month faculty can choose a MAXIMUM of 4 payments.**

**ANNUAL RENEWAL**

\_\_\_\_\_  
**Annual Membership**

**THIS DEDUCTION WILL BE:**  
(Please check one of the following options)

Divided equally over:  
( 2 )      ( 4 )      ( 6 )      ( 8 )  
Payments.

PYD form must be provided to the Payroll Office **before the 15<sup>th</sup> 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 UREC MEMBERSHIP IN WHICH I HAVE ENROLLED. THE UNIVERSITY OF ARKANSAS MAY DEDUCT FROM EACH OF MY BI-MONTHLY PAYROLL CHECKS UNTIL THE CHARGES INCURRED FOR THE ABOVE PROGRAM HAVE BEEN SATISFIED.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

*For Departmental Use Only*

**TOTAL COSTS: \_\_\_\_\_ DIVIDED BY \_\_\_\_\_ PAYMENTS**

bi-monthly deduction amount

*Payroll Deduction is for faculty and staff memberships ONLY, including family, locker, and towel service.*

**MEMBERSHIP EXPIRATION DATE: \_\_\_\_\_**