

URMC FITNESS CENTER
BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

LEGAL NAME _____

HOME ADDRESS _____

6-DIGIT EMPL ID _____

DEPARTMENT _____ **PHONE EXT** _____

_____ **I AM PAID BI-WEEKLY (paid every two weeks)**

My signature is a confirmation that I voluntarily authorize the University of Rochester Payroll Department to deduct membership, and possibly locker, fees for the Fitness Center from my paycheck twice per month. I understand that these fees may increase due to any membership and/or locker rental rate increases and that I will be notified of these changes or increases prior to implementation.

I understand that refunds are not available. I understand that it is my responsibility to be aware of any and all deductions from my paycheck. I also understand that I have a right to revoke this wage deduction authorization in writing at any time (except for wage deductions required or authorized in a current collective bargaining agreement). However, future deductions can be stopped only after a written request has been received at the Fitness Center. Cancellation requests will take time to process, but will never exceed 2 pay periods.

I understand that any deductions pay my membership forward. If it is not possible to deduct the correct amount from my paycheck, I am responsible for the payment owed to the Fitness Center, or my membership will be terminated.

I voluntarily agree to have \$12.25, for membership fees, deducted from my paycheck twice per month (24 deductions annually). There will be no deduction made in the event there is a third check in a month.

Signature _____

Date _____

I would like to have a locker rental (\$1.50 plus tax) added to my membership. I voluntarily agree to have an additional \$1.62 deducted from my paycheck twice per month (24 deductions annually). There will be no deduction made in the event there is a third check in a month.

Signature _____

Date _____