

**URMC FITNESS CENTER**  
**BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION**

**LEGAL NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**6-DIGIT EMPL ID** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_

**PHONE** \_\_\_\_\_

\_\_\_\_\_ **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 fees for the Fitness Center from my paycheck twice per month. I understand that these fees may increase due to any membership rate increases and that I will be notified of these changes or increases prior to implementation.

I understand that refunds are not available and 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 cancellation request has been received by 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 suspended or terminated.

**I voluntarily agree to have \$12.00 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** \_\_\_\_\_