University of North Texas Fusion Order #:_____ **Pohl Recreation Center Payroll Deduction Agreement - Summer Semester**

Sales Date:										
Employee Name:							UNT ID #:			
Department:							Work Phone:			
Email:										
FACULTY & STAFF/PLUS ONE/DEPENDENT MEMBERSHIP:										
F/S Member Name:										
Member 2	Name:		Relation:							
Member 3	Member 3 Name:							Relation:		
Member 4 Name:							Relation:			
Membership Duration (Circle One per Member):										
F/S Mem:	Full S	ummer	10 Week	8 Week	5 Week 1	5 Week 2	Maymester			
Mem 2:	Full Summer		10 Week	8 Week	5 Week 1	5 Week 2	Maymester			
Mem 3:	Full Summer		10 Week	8 Week	5 Week 1	5 Week 2	Maymester			
Mem 4:	Full Summer		10 Week	8 Week	5 Week 1	5 Week 2	Maymester			
Pricing (per membership):										
Full Summer $(5/12/19-8/9/19) = \$86$ 10 Wk $(6/2/19-8/9/19) = \$86$ 8 Wk $(5/12/19-7/6/19) = \$65$ 5 With $(5/2/19-7/6/19) = \$65$ 5 With $(5/2/19-7/6/19) = \$65$										
5 Wk (6/2/19-7/6/19 or 7/7/19-8/9/19)= \$43 3 Wk (5/12/19-6/2/19)= \$22										
Add-ons (Circle One per Member) ***Length of service must be the same as membership length.***:										
Locker Serv			Lengen			June us n		<u>'</u>		
				1 Sem Bottom	1					
F/S Mem:	No Locker	1 Sem Full \$45	1 Sem Top \$25	\$20 1 Sem Bottom						
Mem 2:	No Locker	1 Sem Full \$45	1 Sem Top \$25							
				1 Sem Bottom						
Mem 3:	No Locker	1 Sem Full \$45		\$20 1 Sem Bottom						
Mem 4:	No Locker	1 Sem Full \$45	1 Sem Top \$25	\$20						
Towel Service										
F/S Mem:	No Towel Service		1 Semester \$10							
Mem 2:	No Towel Service		1 Semester \$10							
Mem 3:	No Towel Service		1 Semester \$10							
Mem 4:	No Towel Service		1 Semester \$10							

Membership Total: \$_____

Locker Total: \$_____

Towel Total: \$_____

Grand Total: \$_____

(go to back of form)



RECREATIONAL SPORTS www.recsports.unt.edu @UNTRECSPORTS 940+565+2275 940+369+8347



What is your employment status with the University of North Texas? (Please circle one) 9-Month onth

Office Use Only:		
Month/year of 1st de	eduction:	Month/year of last deduction
Fall/Spring = last received by end of b	pull 6/1). Last dedu business on the 10th 10/1). If the deduct	ter the end of the purchased membership period (i.e. Fall only = last pull 1/1; ions for Annual/Summer memberships will occur on 8/1. If deduction form is f the month, the first deduction will be on the 1st of the next month (i.e. sold on n form is received after the 10th of the month, the first deduction will be on the onths away (i.e. sold on 9/17, deducted on 11/1).***
Grand Total:	\$	
Total # of Deductions	s:	
Amount/Deduction:	\$	

I hereby authorize the University of North Texas Payroll Office to deduct a monthly fee from my check to pay for my Pohl Recreation Center membership and/or locker and/or towel service. In order to cancel the deduction, I understand that I will need to contact the Recreational Sports Office (Pohl Rec Center, Room 103) to sign the appropriate forms to stop my membership and/or locker and/or towel service. I understand that cancellation of the deduction will go into effect the month after my completing all of the necessary steps with the Recreational Sports Office. I understand that I must cancel the deduction through the Recreational Sports Office by the 10th of the month prior in order to have the deduction stopped by the next pay period. Deductions will only be taken for those months designated above.

I understand, based on timing of deductions, if I cancel my payroll deduction prior to any deductions being made, I will be charged for the amount of time used up to that point.

I understand and agree that if for any reason there are insufficient funds to cover the authorized deduction in any given month, then a double deduction will take place the following month and increased deductions will continue until the amount owed is paid in full.

Participants must fill out a payroll deduction form each time they renew their membership and/or locker and/or towel service.

Employee Signature

Date



