



**University of North Texas  
Pohl Recreation Center  
Payroll Deduction Summer 2018 (July Deadline)**

Receipt # \_\_\_\_\_

Employee Name \_\_\_\_\_ UNT employee ID# \_\_\_\_\_

Department/Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**FACULTY & STAFF OR DEPENDENT MEMBERSHIP:**

| Faculty/Staff Quantity | Dependent Quantity | Payroll deduction              | Membership Dates          | Deadline      | Payroll Date deduction will begin | Payroll Date for last deduction | Amount to be deducted |
|------------------------|--------------------|--------------------------------|---------------------------|---------------|-----------------------------------|---------------------------------|-----------------------|
|                        |                    | Summer 2 Only -<br><b>\$43</b> | July 8 – Aug.<br>10, 2018 | July 11, 2018 | August 1, 2018                    | August 1, 2018                  | \$43.00 (1x)          |

**PLUS ONE MEMBERSHIP:**

| Quantity | Payroll deduction              | Membership Dates            | Deadline      | Payroll Date deduction will begin | Payroll Date for last deduction | Amount to be deducted |
|----------|--------------------------------|-----------------------------|---------------|-----------------------------------|---------------------------------|-----------------------|
|          | Summer 2 Only -<br><b>\$44</b> | July 8 – August 10,<br>2018 | July 11, 2018 | August 1, 2018                    | August 1, 2018                  | \$44.00 (1x)          |

Total from above: (please write total) \$ \_\_\_\_\_

|                  |                                  |
|------------------|----------------------------------|
| Office Use Only: | 1) _____<br>2) _____<br>3) _____ |
|------------------|----------------------------------|

Name of person(s) being sponsored (if applicable): \_\_\_\_\_

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. 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. 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 Rec Sports Office by the 10<sup>th</sup> 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 in the above chart for membership dates. Payroll deduction will not continue for memberships for the next semester. Participants must fill out a payroll deduction form for each semester they would like a Rec Center membership, unless filling out one payroll deduction form for an annual membership in the fall semester.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date