

**URMC FITNESS & WELLNESS CENTER
PAYROLL DEDUCTION AGREEMENT**

LEGAL NAME _____

HOME ADDRESS _____

6-DIGIT EMPL ID _____

DEPARTMENT _____

PHONE EXTENSION _____

MEMBER'S NAME _____

Use only if the member's name is different from the employee's name

_____ **I AM PAID MONTHLY (paid on the last day of each month)**

_____ **I AM PAID SEMI-MONTHLY (paid on the 15th & 30th of each month)**

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

**Deductions are only the first 2 pay periods of each month*

My signature is a confirmation that I authorize the University of Rochester Payroll department to deduct fees for the Fitness & Wellness Center from my paycheck. I understand that these fees may increase due to any membership and/or locker rental rate increases.

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. Future deductions can be stopped only after a written request has been received, in person, at the Fitness & Wellness Center. Cancellation requests will take time to process.

I authorize payroll deduction, and I will receive the first deduction within one month. 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 URMC Fitness & Wellness Center, or my membership will be terminated.

Signature _____

Date _____ **Initial here to also payroll deduct your locker rental** _____