

Perpetual Monthly Payroll Deduct Cancellation



_____	_____	_____
Last Name	First Name	M.I.
_____	_____	
8-Digit University ID Number	Department	
_____	_____	
Campus Address	Campus Phone #	

Check the box for each item you are requesting for Perpetual Payroll Deduct Cancellation.

- | | |
|--|--|
| <input type="checkbox"/> Faculty/Staff Membership | <input type="checkbox"/> Faculty/Staff Family Membership |
| <input type="checkbox"/> Faculty/Staff Sponsored Adult Membership | |
| <input type="checkbox"/> Faculty/Staff Sponsored Dependent 4-18 Membership | <input type="checkbox"/> Locker Rental: Locker # _____ |

Specify Sponsored member(s) you wish to cancel.

_____	_____
Name	Name
_____	_____
Member ID#	Member ID#
_____	_____
Name	Name
_____	_____
Member ID#	Member ID#

Initial the statement below stating that you understand and agree to the following conditions.

_____ *Initial* I understand that refund/credits will not be issued for previous deductions. Memberships and/or Locker cancellations for employees in the Perpetual Payroll Deduction Program become effective no earlier than the last day of the month in which the cancellation notice is received. Because each month's membership deductions are for the prior month's service, the final deduction will occur on the next monthly paycheck after the requested date of cancellation.

_____/_____/_____	_____	_____/_____/_____
Requested Date of Cancellation	Faculty/Staff Member Signature	Today's Date

For Office Use Only - (Only list services cancelled)

<input type="checkbox"/> Full Cancellation	Membership Monthly Deduction. \$ _____
<input type="checkbox"/> Partial Cancellation	Monthly Locker Deduction \$ _____
Set-up Fee Location	Total \$ _____
<input type="checkbox"/> CRWC	
<input type="checkbox"/> FH	
<input type="checkbox"/> HTRC	
_____/_____/_____	_____
Date Form is Received	Member Services Employee Initials