I __________________________ hereby authorize the bi-weekly salary deduction to be REDUCED / STOPPED the next full-pay period for the following amount:

Faculty/Staff
- Membership Fee $10.54
- Locker Rental/Towel Service (Locker #_________) $1.00

Spouse/Partner (Name: __________________________)
- Membership Fee $10.54
- Locker Rental/Towel Service (Locker #_________) $1.00

Dependent (Name: __________________________)
- Membership Fee (2-15 years old) $3.04*
- Membership Fee (16-17 years old) $5.36*
- Membership Fee (18-22 years old) $10.54*
- Towel Service Only $1.00

*I understand that all recreation privileges will end the next full pay period after I discontinue this service. Payroll Deduction amounts are calculated for 26 pay periods.*

Signed __________________________________________ ID# __________________________
Office Phone __________________________ Mail Stop __________________________ Date __________