

University of North Texas Health Science Center  
Fitness Center

PAYROLL DEDUCTION FORM  
**CODE: RECHSC**

Employees must complete and sign this membership form to have their fitness center membership fee deducted from their paycheck. Employees pay for membership services a month behind; for example, October payment pays for the month of September.

The fee is \$20.00 a month for employees of UNTHSC.

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(Please Print)

Employee Name: \_\_\_\_\_

Employee ID#:

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Monthly Fee: \_\_\_\_\_

**\*There will be no refunds given for fitness center membership fees under any circumstances.\***

**\*\*All forms received on or before the 16<sup>th</sup> will be processed during the current month.\*\***

**\*\*All forms received on the 17<sup>th</sup> or after will be processed during the following month.\*\***

**\*\*This will hold true for the start and end date for all new memberships and terminations of existing memberships.\*\***

**\*\*All forms are processed within 24 hours, on weekdays, by the Office of Wellness Services\*\***

By signing, you agree to and **ACCEPT** the above fee and agree to have this amount deducted from your monthly paycheck. Furthermore, you acknowledge that this is a minimum 3 month commitment that will automatically renew at the end of your 3 month time frame unless terminated by you.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3 Month Begin Date: \_\_\_\_\_ 3 Month End Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

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By signing below, you agree to **TERMINATE** the automatic deduction of the fitness center fee from your paycheck. Furthermore, you agree not to use the fitness center after deductions have terminated.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use ONLY

To be reviewed and signed by Student Services Associate before being sent to Payroll Department

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Student Services Associate Signature

Print Name

Date