



UNIVERSITY FITNESS CENTER

PAYROLL DEDUCTION AUTHORIZATION FORM

NAME: _____ SOCIAL SECURITY NUMBER: _____

DATE OF THIS AGREEMENT: _____

I have become a member of the University Fitness Center and hereby request that the Payroll Office make deductions from my paycheck and submit those payments to the University Center on my behalf as follows:

Deduct the amount of \$ _____ from my paycheck beginning with the check to be issued on _____ and continuing until further notice. I understand that just as my membership automatically renews on each anniversary date, so does this payroll deduction authorization.

Membership	Monthly Rate	Bi-Weekly Rate	Yearly Total
Employee Only Membership	\$12	\$6	\$144
Employee + 1 Family Member	\$20	\$10	\$240
Employee + 2 or More Family	\$40	\$20	\$480

AUTHORIZED SIGNATURE: _____ DATE: _____

Please Return Completed Form To:

Via Internal Office Mail:
Mercer Ticket Sales

Via U.S. Postal Service
Mercer Ticket Sales, 400 Poplar St., Macon, GA 31201