Authorization for Payroll Deduction Intramural-Recreational Sports

| Your Social Security # | | |
|--|--|--|
| Name | | |
| Last | First | MI |
| I authorize payroll deduction for purchase of a from my University of Virginia paycheck at the | 1 \ | , |
| Choose the number of months you wish to pay | yroll deduct: | |
| 1 month (Paid in full in one month) 3 months 6 months | | |
| Note: Payments for annual membership may r | not be extended beyond 6 r | nonths. |
| Full payment is required upon termination of a Membership is non-transferable. Membership with the University. Any refunds will be base not on discounted annual rates. I understand I | o privileges expire upon en ed on semester/conference | nployment termination membership rates and |
| Date: Signature: | | |

Fax Form to 924-3858 Questions? Call Intramural-Recreational Sports: 924-3791

| | Office Use | Omless | |
|-------------------------|------------------------------|--|---------|
| Approved by: | Office Use (Payment Re Date | | Balance |
| Member \$\$ Spouse \$ | | —————————————————————————————————————— | |
| Dependent \$\$ Youth \$ | | | |
| Locker \$ \$ TOTAL: \$ | | | |
| Company # <u>2070</u> | | | |
| 2090 | | | |
| Frequency: 90 | | | |
| 70 40 | | | |