

MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY  
 Authorization for Fitness Center Membership by Payroll Deduction

Employee ID#

Payroll Element #

	591, R Fitness Center Fee
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Name

Email address

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Campus Mailing Address

I hereby authorize the payroll department to deduct \$\_\_\_\_\_ from my [ ] monthly [ ] bi-weekly payroll check until further notice. Please deposit this amount in the following account(s):

OFFICE USE ONLY		
\$ Amount	PS Account #	Account Name
	432200	S&T Fitness Center

Signature

Date

Please cancel this payroll deduction

Signature

Date

Please return completed form to:

S&T Fitness Center  
G2 Gale Bullman Building