

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

Employee ID#	Payroll Element #
	591, R Fitness Center Fee

Name	Email address

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
	430000	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